

FY 2006
State of Georgia

**PATH GRANT
APPLICATION**

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BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY					
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1. PATH	93.15			\$1,242,000.00	\$532,002.00
2.					
5. TOTALS		\$0.00	\$0.00	\$1,242,000.00	\$532,002.00
SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				
	(1)	(2)	(3)	(4)	
a. Personnel					
b. Fringe Benefits					
c. Travel	\$4,500.00				
d. Equipment					
e. Supplies					
f. Contractual	\$1,237,500.00	\$532,002.00			
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)	\$1,242,000.00	\$532,002.00	\$0.00		\$0.00
j. Indirect Charges					
k. TOTAL (sum of 6i and 6j)	\$1,242,000.00	\$532,002.00	\$0.00		\$0.00
7. Program Income					
SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources		
8.					
9.					
10.					

11.			
12. TOTALS (sum of lines 8 and 11)	\$0.00	\$0.00	\$0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter
13. Federal				
14. Non-Federal				
15. TOTAL (sum of lines 13 and 14)	\$0.00	\$0.00	\$0.00	\$0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)		
	(b) First	(c) Second	(d) Third
16.			
17.			
18.			
19.			
20. TOTALS (sum of lines 16-29)	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION

**Proposed Annual PATH Budget
State FY 2007
Serenity Behavioral Health Systems**

1. Personnel Costs

Positions	Annualized Salary	PATH FTE	PATH Salary
Mental Health Professional	\$20,000	.5	\$20,000
Housing Specialist	\$37,971	1.0	\$37,971
Certified Peer Specialist (CPS)	\$20,241	1.0	\$20,241
		2.5 FTE	
		Sub Total:	\$78,213

2. Fringe Benefit Costs

Housing Specialist (@28%)	\$10,632	Sub Total:	\$16,300
Certified Peer Specialist (@28%)	\$5,668		

3. Transportation Costs

Vehicle Operation & Personal Mileage:	\$1,500	Sub Total:	\$1,800
Bus Passes:	\$300		

4. Training Costs

		Sub Total:	\$800
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5. Housing Coordination Costs

Rental Assistance & Emergency Housing:	\$1,382	Sub Total:	\$4,082
Emergency Food Assistance:	\$300		
Security Deposits:	\$2,100		
Household Items:	\$300		

6. Program Supply Costs

Office Supplies:	\$1,600	Sub Total:	\$2,200
Hygiene kits, clothing, blankets, etc.:	\$600		

7. Administrative Costs

		Sub Total:	\$3,195
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GRAND TOTAL: \$106,500

**Proposed Annual PATH Budget
State FY 2007
Community Friendship, Inc.**

1. Personnel Costs

Positions	Annualized Salary	PATH FTE	PATH Salary
Program Director	48,500	0.10	4,850
Case Manager	32,000	1.00	32,000
Case Manager	26,000	1.00	26,000
Peer Outreach	13,312	0.85	11,315
		2.95FTE	

Sub Total: \$74,165

2. Fringe Benefit Costs (@ 20%)

Sub Total: \$14,833

3. Transportation Costs

Vehicle Operation & Personal Mileage: \$2,500
Bus Passes: \$ 700

Sub Total: \$3,200

4. Training Costs

Sub Total: \$550

5. Housing Coordination Costs

Rental Assistance & Emergency Housing: \$23,900
Security Deposits: \$ 100

Sub Total: \$24,000

6. Administrative Costs

Sub Total: \$3,502

GRAND TOTAL: \$120,250

**Proposed Annualized PATH Budget
State FY 2007
ST. Joseph's Mercy Care Services, Inc.**

1. Personnel

<u>Positions</u>	<u>Annualized Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded Salary</u>
MHP/ Case Manager	26,309	.50	26,309
Outreach Specialist	21,960	<u>1.00</u>	<u>10,887</u>
		1.5 FTE	
		Sub Total:	\$37,196

2. Fringe Benefits @ 23%

Sub Total: \$8,554

FICA-@ 7.65% for total Personnel 2,845
Other benefits - @ 15.35% includes vacation, health insurance, pension plan, disability insurance, professional liability insurance and supplies. 5,709

GRAND TOTAL \$45,750

**Proposed Annualized PATH Budget
State FY 2007
Community Concerns, Inc.**

1. Personnel

<u>Positions</u>	<u>Annualized Salary</u>	<u>PATH-funded FTE</u>	<u>Path-funded Salary</u>
Administrative Assistant	\$21,840.00	1.0	\$21,840.00
Residential Support Tech	\$ 9,984.00	.40	\$ 9,984.00
Residential Support Tech	\$24,960.00	1.0	\$24,960.00
Residential Support Tech	\$26,998.40	1.0	\$26,998.40
Project Coordinator	\$72,999.68	.48	\$35,000.16
Residential Support Staff, Sr.	\$27,999.92	1.0	\$27,999.92
Residential Support Tech	\$ 9,984.00	.40	\$ 9,984.00
Residential Support Tech	\$25,708.80	1.0	\$25,708.80
Residential Support Tech, Sr.	\$ 9,360.00	.40	\$ 9,360.00
Residential Support Tech	\$ 6,240.00	.20	\$ 6,240.00
Peer Counselor	\$21,000.00	1.0	\$21,000.00
		7.88FTE	

Sub Total: \$219,075.28

2. Fringe Benefits @ 7.65%

Sub Total: \$ 16,759.26

3. Travel

Sub Total: \$4,000.00

Certification Peer Specialist (CPS) Training..... \$600.00
SAMHSA National Training Conference..... \$2,000.00
Additional training, registration/workshops/travel.\$1,00.00

4. Supplies

Sub Total: \$2,000.00

Resident hygiene/grooming supplies
Resident cleaning supplies
Office supplies & Printing
Life Skills Training Materials

5. Other

Sub Total: \$2,166.26

Resident Meals

6. Administrative Cost

Sub Total: \$5,000.00

GRAND TOTAL \$249,000.00

**Proposed Annualized PATH Budget
State FY 2007
Central Fulton Community Mental Health Center at Grady Health System**

1. Personnel

Positions	Annualized Salary	PATH-funded FTE	PATH-funded Salary
Social Worker (To be identified)	\$48,235	0.25	12,059
Social Worker (Rolanda Crooms)	48,235	0.25	12,059
Case Manager (Julie Daniels)	32,178	0.25	8,044
Case Manager (To be identified)	32,178	0.25	8,044
Certified Peer Specialist (Being Hired)	25,043	0.25	6,261
		1.25FTE	

Sub Total \$46,467

**2. Fringe Benefit Costs
-18.5%**

Sub Total: \$8,596

3. Transportation Costs
-Personal Mileage
-Marta Passes/Tokens/Bus Passes

Sub Total: \$957

4. Supplies (Office & Program)
-Office Supplies
-Hygiene kits, blankets, water, food, etc.

Sub Total: \$2,500

5. Administrative Costs

Sub Total: \$480

GRAND TOTAL \$59,000

**Proposed Annualized PATH Budget
State FY 2007
MaySouth, Inc.**

1. Personnel

Positions	Annualized Salary	PATH-funded FTE	PATH-funded Salary
Case Manager	\$33,000	1.0	\$34,700
Case Manager	\$28,000	0.5	\$13,700
		1.5FTE	
		Sub. Total:	\$48,400

2. Fringe Benefits (24%)

Sub Total: \$11,600

3. Travel

Sub Total: \$4,800

Mileage for local travel at .375 mi @ 1,200 mi/mo.	\$3,980
Training/workshop registration and related travel costs	820

4. Supplies

Sub Total: \$1,100

Office Materials, Printing, Computer Expenses & Copying	\$360
Cellular Phone Service	700
Business Cards	40

5. Costs Associated with Housing Coordination

Sub Total: \$10,900

Supplemental Rent Funds (\$650/mo X 12)	\$7,800
Consumer Benefit Funds (\$183/mo X 12) (food, clothing, utilities, deposits)	2,200
Transportation Funds (\$75/mo X 12)	900

6. Administrative Support (4%)

Sub Total: \$3,200

(payroll, accounting, banking, rent, utilities)

GRAND TOTAL \$80,000

**Proposed PATH Budget
State FY 2007
River Edge Behavioral Health Center**

1. Personnel

<u>Positions</u>	<u>Annualized Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded Salary</u>
Peer Case Manager	\$17,780	1.00	\$17,780
Case Manager	\$25,400	1.00	\$25,400
Mental Health Professional	\$30,457	<u>1.00</u>	<u>\$30,457</u>
		3.0FTE	
		Sub Total:	\$74,118

2. Fringe Benefits

		Sub Total:	\$22,208
Peer Case Manager	\$5,022		
Case Manager	7,620		
MHP	9,566		

3. Travel

		Sub Total:	\$2,955
Local travel at .28/mile	\$1,880		
Training Travel	250		
Training Registration	825		

4. Supplies

		Sub Total:	\$2,100
Office Supplies	\$ 600		
Cellular Telephones (3)	1,500		

5. Housing Coordination

		Sub Total:	\$4,600
Costs Associated with Coordination of Housing; Security Deposits; One-Time Rental Payments.			

6. Administrative Costs

Sub Total:	<u>\$1,000</u>
GRAND TOTAL	\$106,500

**Proposed Annualized PATH Budget
State FY 2007
New Horizons**

1. Personnel

<u>Positions</u>	<u>Annualized Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded Salary</u>
Social Service Provider	\$30,000	1.0	\$30,000
Social Service Technician	\$19,455	1.0	\$19,455
Peer Specialist (2@ .5)	\$16,602	1.0	\$16,602
Project Coordinator		.095	\$ 4,275
		3.1FTE	
		Sub Total:	\$70,332

2. Fringe Benefits @28.25%

SSP-	\$8,475	Sub Total:	\$16,486
SSTII-	5,496		
Part time benefits @7.65% Social Security and 7.5% 401K			
Peer Specialist-	\$2515		

3. Travel

	Sub Total:	\$5,184
Local travel – 150miles/wk @\$0.28 mile	\$2,184	
Training/Conferences for PATH Staff	\$3,000	

4. Supplies

	Sub Total:	\$3,000
Office Supplies, copies, postage, brochures	\$2,000	
Cellular Telephones (3)	\$1,000	

5. Other

	Sub Total:	\$9,608
Costs Associated with Planning and Coordination of Housing		
Security Deposits;		
One-Time Rental Payments		
House Establishment Supplies		

6. Administrative Costs

	Sub Total:	\$1,890
Office Space, Utilities		

GRAND TOTAL \$106,500

**Proposed Annual PATH Budget
State FY 2007
Chatham-Savannah Authority for the Homeless**

1. Personnel Costs

Positions	Annualized Salary	PATH funded FTE	PATH funded Salary
Psychiatrist (8 hrs/wk @ \$100/hr X 52 weeks)	\$ 208,000	.20 FTE	\$41,600
Peer to Peer Specialist	\$24,000	4.00 FTE	\$96,000
		4.20FTE	
		Sub Total:	\$137,600

2. Fringe Benefit Costs (@23%)

Sub Total: \$22,126

Peer Specialist

3. Transportation Costs

Sub Total: \$5,000

Vehicle Operation & Personal Mileage: \$ 4,000

Bus Passes: \$ 1,000

4. Training Costs

Sub Total: \$400

5. Program Supply Costs

Sub Total: \$5,040

Cell phones @ \$400/month \$4,800

Emergency pagers @ \$20/mo. \$240

6. Administrative Costs

Sub Total: \$5,190

GRAND TOTAL \$175,356

1. Personnel

GRAND TOTAL \$10,000

GRAND TOTAL: \$4,500

FY 2006
State of Georgia

Project Narrative:
Sections A through C

Section A.	EXECUTIVE SUMMARY
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(table 1)

Organization Name:	Organization Type:	Funding Amount	Service Area: Region/County/City	PATH Funded Service(s):	Total # clients
Serenity Behavioral Health Services	Public, non-profit community mental health agency	\$ 106,500	<i>Region 2</i> Richmond County, Augusta	Outreach Case Management	150
Community Friendship, Inc.	Private non-profit, community mental health agency	\$ 120,250	<i>Region 3</i> Fulton County, Atlanta	Outreach <i>and</i> Case Management	675
Saint Joseph Mercy Cares, Inc.	Private non-profit, health care agency	\$ 45,750	<i>Region 3</i> Fulton County, Atlanta	Outreach <i>and</i> Case Management	280
Community Concerns, Inc.	Private non-profit, community mental health agency	\$ 249,000	<i>Region 3</i> Fulton County, Atlanta	Supp & Supervision in Res. Setting	45
Central Fulton Community MH Center at Grady Health Systems	Public, non-profit, health care provider	\$ 59,000	<i>Region 3</i> Fulton County, Atlanta	Outreach <i>and</i> Case Management	276
MaySouth, Inc.	Private non-profit, TAPP agency	\$ 80,000	<i>Region 3</i> Fulton, DeKalb, Clayton, Gwinnett, Rockdale, Newton	Case Management <i>and</i> Housing Services	75
To Be Determined	Released for Competitive Bid	\$ 53,000	<i>Region 3</i> Fulton County, Atlanta	Screening & Diagnostic Services	100
To Be Determined	Released for Competitive Bid	\$ 128,000	<i>Region 3</i> Fulton County, Atlanta	Case Management	50
River Edge Behavioral Health Center	Public non-profit, community mental health agency	\$ 106,500	<i>Region 4</i> Bibb County, Macon	Outreach <i>and</i> Case Management	350
New Horizons Community Service Board	Public, non-profit community mental health agency	\$ 106,500	<i>Region 4</i> Muscogee County, Columbus	Outreach Case Management Housing Services	192
Chatham-Savannah Authority for the Homeless	Public, non-profit local governing authority	\$ 173,000	<i>Region 5</i> Chatham County, Savannah	Outreach <i>and</i> Screening & Diagnostic Services	425
Albany Advocacy Resource Center	Private non-profit, TAPP agency	\$ 10,000	<i>Region 5</i> Atkins, Bacon, Brantley, Charlton, Clinch, Coffee, Pierce, Ware	Case Management	10
GA Department of Human Resources	State Government	\$ 4,500	Statewide	Staff Training	NA
2006 PATH Funding	Public & Private non-profit agencies	\$1,242,000	<i>MHDDAD Regions 2, 3, 4, 5</i>	Outreach Services Case Management Housing Services Screening & Diag. Residential Support	2,628

1. State Operational Definitions

a. Homelessness – An individual who lacks fixed, regular, and adequate nighttime residence; or whose primary nighttime residence is a shelter designed to provide temporary living accommodations; or an institution that provides temporary residences for persons intended to be institutionalized; or a place not designed for human beings to live.

b. Imminent Risk of Becoming Homeless – Persons who are about to be evicted from or lose a housing arrangement and have no resources or supports, or are about to be discharged from a psychiatric or substance abuse treatment facility without any resources or supports for housing.

c. Serious Mental Illness – The operational definition of serious mental illness is included in the DMHDDAD definition of consumer eligibility, which is based on disability and diagnosis. The disability criterion includes behavior leading to public demand for intervention; or substantial risk of harm to self or others; or substantial need for supports to augment or replace insufficient or unavailable natural resources. The diagnosis element for adults with mental illness excludes personality disorders and V-Codes.

d. Co-occurring Serious Mental Illness and Substance Abuse – The term co-occurring is a common, broad term that indicates the simultaneous presence of two independent medical disorders. Within the fields of mental health, psychiatry, and addiction medicine, the term has been popularly used to describe the coexistence of a mental health disorder and alcohol and other drug (AOD) problems. Substance Abuse is defined as an individual who has been diagnosed as having substance disorder and/or substance dependence according to the ASAM Patient Placement Criteria, and as defined in the DSM IV.

2. Number of Homeless Individuals with SMI by Geographic Region

Historically, few definitive counts of the homeless population existed at the local, state, or national level. Homeless data was tabulated using many different methods. These methods may have included prevalence estimates using the quantitative data collected from several resources providing a baseline to begin an estimate of need. Currently, homeless data includes the tracking of administrative data as part of a statewide performance management system; the tracking of service usage through a computerized homeless provider communication system (HMIS); and through the use of homeless shelter, street, and institutional census counts. These efforts to estimate the number of individuals in the state who are homeless with a serious mental illness (SMI) have proven beneficial in the service planning and resource allocation process.

a. Point-in-Time Homeless Census Survey: “Point-in-time” homeless census counts are taking place through the various seven (7) Continuum of Care (C of C) jurisdictions. In 2003, Atlanta was the first Continuum of Care jurisdiction in the State to perform a homeless census survey. 6,956 homeless persons were found to be living on the streets, in shelters, in transitional programs, and institutions. It was estimated that this represented more than one half of Georgia’s total homeless population. 33% stated that they had been homeless for more than one year. In 2004, four (4) additional C of C jurisdictions performed a homeless count. In Table 2, all seven (7) C of C jurisdictions conducted homeless counts in 2005, identifying Georgia’s first

total of 12,384 homeless persons across the state. Results continue to confirm the density of the homeless population concentrated in Atlanta, followed by Savannah, Columbus, and Augusta. There remains inconsistent data collection practices between jurisdictions. The Augusta 2005 figures are based upon a month-long survey process, and not a point-in-time count. The 2005 Balance of State figures are based upon sheltered homeless individuals only. Sheltered homeless was defined as those located in shelters, jails, transitional programs, and hospitals. Since the Balance of State C of C includes 152 counties, the Department of Community Affairs plans to work with several of the larger counties to conduct practice street counts in 2006 in hopes of participating in the 2007 point-in-time homeless census survey. This will result in a more consistent data collection process and will yield more accurate data.

Point-In-Time Homeless Census Survey (table 2)

FY	Athens	Augusta	Cobb	Columbus	Savannah	Atlanta	Bal. of State	Total
2003						6,956		
2004	307	1,082	661	413				
2005	436	700	555	959	1,093	6,832	1,809	12,384

b. Homeless Management Information System (MHIS): Georgia's selected Homeless Management Information System (HMIS), called Pathways, has more than 180 members statewide and provides online collaborative case management. Additionally, it collects a wealth of data on homelessness in Georgia that can be utilized to drive policy and funding decisions for the local jurisdictions, the Continuum, and the State of Georgia. Homeless service agencies have successfully implemented HMIS and are actively participating in the program representing a large percentage of the emergency shelter beds, transitional beds, permanent supportive housing beds, and supportive services. The table below (table 3) is an unduplicated count of number of homeless individuals entered into the HMIS system by region from 1/01/05 through 12/31/05. From the data presented in table 3, Region 3 again supports Atlanta as having the greatest concentration of the homeless population, followed by Region 2 with Augusta, Region 5 with Savannah, and Region 4 with Columbus and Macon.

Most of the PATH providers participate in Pathways, entering all clients into HMIS upon enrollment in PATH funded services. Discussion has begun regarding collaboration between PATH and HMIS for greater client data integration.

*Statewide HMIS System-Pathways community Network
1/01/05 through 12/31/05 (table 3)*

Region 1	Region 2	Region 3	Region 4	Region 5	total
212	2,866	11,697	1,115	1,712	17,602

c. Statewide Performance Management System: The statewide MIS system tracks data on mental health consumers who experience homelessness in Georgia. Since 2005, the statewide MIS system identifies the on-going housing status on every client upon enrollment into any state funded mental health service. Table 4 illustrates the numbers of adults with serious mental illness who reported their living status as homeless upon enrollment into a mental health service by region, gender, race, and age. Based upon this data, Region 3 enrolled the greatest percentage (>50%) of Georgia's total adult mental health consumers reporting an episode of homelessness

during the 2005 calendar year. Region 3 includes Fulton, DeKalb, Clayton, Gwinnett, Rockdale, and Newton counties and is home to more than one fourth of Georgia's total population. From this data, it is also interesting to note that 61% of the total is Black African American, 36% is White, and only 3% comprises other races.

*Number of Adults with Serious Mental Illness Reporting Homelessness by Region,
Gender, Race, and Age from 1/01/05 through 12/31/05
(table 4)*

Geographic Area		Region 1		Region 2		Region 3		Region 4		Region 5		Region Totals by Race/Age
Race	Age	F	M	F	M	F	M	F	M	F	M	
Am Indian/Alaska Native												
	18-20						1					1
	21-30	1									1	2
	31-40											
	41-50					3		1				4
	51-60											
	>60											
	Total	1	0	0	0	3	1	1	0	0	1	7
Asian												
	18-20								1			1
	21-30					1		1				2
	31-40			2		2	3				1	8
	41-50				1	1	2	1	1	1		7
	51-60								1			1
	>60					1						
	Total	0	0	2	1	5	5	2	3	1	1	20
Black												
	0-8						1	1				2
	9-17			1		3	6					10
	18-20			2	3	18	24	3	3	6	3	62
	21-30	5	8	12	19	107	165	23	29	31	14	413
	31-40	8	4	16	30	212	347	30	39	33	27	746
	41-50	8	11	23	39	266	458	42	49	36	27	959
	51-60	2	4	5	14	78	166	18	17	15	18	337
	>60		1	1	1	9	21	5	4		1	43
	Total	23	28	60	106	693	1,188	122	141	121	90	2,572
Native Hawaiian												
	18-20											
	21-30			1								1
	31-40											
	41-50					1	1					2
	51-60											
	>60											
	Total	0	0	1	0	1	1	0	0	0	0	3
White												
	0-8										1	1
	9-17					1						1
	18-20	5	8	5	8	8	6	2	6	7	4	59
	21-30	25	21	33	24	35	53	15	23	9	19	257
	31-40	26	23	45	57	54	99	37	34	21	29	425
	41-50	38	41	43	55	84	119	36	44	26	39	525
	51-60	12	13	11	18	35	70	15	14	11	13	212
	>60	1	1		1	2	10	1	4	4	2	26
	Total	107	107	137	163	219	357	106	125	78	107	1,506
Other Single												

Race											
18-20						1					1
21-30	3			2	2	4	1	1			13
31-40		1			2	6				1	10
41-50				1	1	2	1		1		6
51-60						1			1		2
>60											
Total	3	1		3	5	14	2	1	2	1	32
Multi-Racial											
18-20						1					1
21-30					2	4	1				7
31-40					2	6					8
41-50					1	2		1		1	5
51-60						1					1
>60											
Total	0	0	0	0	5	14	1	1	0	1	22
Unknown/Not Reported											
18-20				1	1						2
21-30		1				3	1				5
31-40	1				3	6	1		1	1	13
41-50						4	1				5
51-60						1	1		1		3
>60						1					1
Total	1	1	0	1	4	15	4	0	2	1	29
Grand Total											
0-8						1	1				2
9-17			1		4	6					11
18-20	5	8	7	12	28	32	5	10	13	7	127
21-30	34	30	46	45	146	228	42	53	40	34	698
31-40	35	28	63	87	275	461	68	73	55	59	1,204
41-50	46	52	66	96	357	588	82	95	64	67	1,513
51-60	14	17	16	32	113	238	34	32	28	31	555
>60	1	2	1	2	12	32	6	8	4	3	71
	135	137	200	274	935	1,586	238	271	204	202	4,182
Regional Totals	272		474		2,521		509		406		= 4,182

MHDDAD 5 Region Map

3. How PATH Funds Are Allocated

The Georgia Department of Human Resources (DHR) is the legally designated agency responsible for mental health, developmental disabilities and addictive diseases services. Within DHR, the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) is one of four major divisions and is mandated to carry out those activities which administer programs, train personnel, conduct research and protect clients' rights. The governance of Georgia's public mental health system operates using a five (5) regional authority design that includes both the hospital and community service management. Each of the five DMHDDAD regions assumes the responsibility for resource allocation by contracting for services through a network of local providers. The decision to expand or support new services using PATH funds is based upon a demonstration of need, provider experience, program compliance with PATH legislative guidelines, availability of funds, and can be triggered by an interested provider, the DMHDDAD regional office, or the State PATH Contact.

An interested provider of homeless service can trigger this decision by requesting consideration of PATH funding based upon the submission of an Intended Use Plan and related budget describing the PATH funded activities they propose to offer. The DMHDDAD regional office reviews all submitted proposals and forwards those that comply with regional planning and PATH legislative guidelines to the State PATH Contact for further funding consideration.

The DMHDDAD regions can trigger this decision by contacting the State PATH Contact and request regional consideration for PATH funding based upon presented need.

The State PATH Contact can trigger this decision issuing a notification of funds available to the DMHDDAD regional offices and request support information for PATH funding, including provider availability.

Once the region with a large urban population and the greatest service need is established, the competitive Request For Proposal (RFP) bidding process is used to select and award a contract to the PATH provider within that region. Both the regional staff and State PATH Contact jointly participate in the application review and selection process. Service Contracts may be renewed on an annual basis as long as the provider continues to meet annual performance indicators set forth by the State. When the outcomes are not met or when there is a proposal for a new project, the regional office may release a written request for proposals (RFP) to select new providers through the competitive bidding process.

Each year, the PATH Grant Application is posted on the Department of Human Resources website for public viewing and comment regarding the use of PATH funds and the availability of new funding opportunities. In addition, the regional offices annually announce the availability of PATH funds and invite public comment through local forums regarding regional PATH funding utilization and local homeless service needs.

a. Allocation Based on Assessed Need: Using 2000 U.S. Census information, Georgia has a population of 8,186,453. In 2004, DMHDDAD contracted with an outside consultant to conduct a "Gaps Analysis" of the mental health system. The goal of this project was to identify information to be used to shape the public mental health delivery system to best meet the needs

of Georgians that rely upon state supported services to live in the community. The gaps analysis provides a planning tool to be used with legislators to justify funding requests, and a resource allocation tool for state policy. One source of data generated by the “Gaps Analysis” was an estimate of need by County for mental health services. This data identifies the prevalence of mental illness by county for both the adult and youth populations. Table 4 identifies those nine (9) counties in Georgia with the largest populations, including those in need of mental health services. With Georgia’s PATH funding allotment based on an urban population formula, funding priority goes to those urban locations with the greatest concentration of homeless individuals. As supported by Table 5, these priority locations include Atlanta, Augusta, Columbus, Savannah, and Macon. The State also uses data generated by the Statewide Performance Management System (Table 4) to identify service needs by region.

Prevalence Estimate by Age and County for Need of Mental Health Services

(table 5)

Places	Youth Population			Adult Population			Total Population		
County	Cases	Pop.	Prev. Est.	Cases	Pop.	Prev. Est.	Cases	Pop.	Prev. Est.
Georgia	160,630	2,169,234	7.4	386,843	6,017,219	6.43	547,473	8,186,453	6.69
Bibb (Macon)	3,238	40,880	7.92	7,667	113,008	6.78	10,905	153,888	7.09
Chatham (Savannah)	4,489	58,083	7.73	11,083	173,965	6.37	15,572	232,048	6.71
Clayton	5,232	70,921	7.38	10,397	165,597	6.28	15,630	236,518	6.61
Cobb	10,764	158,406	6.8	24,251	449,345	5.4	35,015	607,751	5.76
DeKalb (Atlanta)	12,100	163,978	7.38	28,028	501,887	5.58	40,128	665,865	6.03
Fulton (Atlanta)	14,911	199,290	7.48	35,906	616,716	5.82	50,817	816,006	6.23
Gwinnett	11,293	165,993	6.8	23,453	422,455	5.55	34,746	588,448	5.90
Muscogee (Columbus)	3,890	50,002	7.78	9,278	136,289	6.81	13,168	186,291	7.07
Richmond (Richmond)	4,206	53,608	7.85	9,858	146,167	6.74	14,065	199,775	7.04

b. Special Consideration in Awarding PATH Funds Regarding Veterans: When selecting a PATH provider, the Request for Proposal (RFP) includes a technical requirement that the company demonstrate work experience and background in working with veterans. The National Mental Health Association and the Department of Veterans Affairs estimates that 25% to 40% of all adult males who are homeless are veterans. The outreach components of PATH funded projects identify, assess, treat, and support veterans who have a mental illness and are homeless. Outreach staff work closely with case managers from the Veterans Administration to engage homeless veterans in services. Regional gatherings of PATH providers and VA providers have resulted in greater collaboration to serve homeless veterans. During the routine PATH site visits, each provider is reminded of the special consideration regarding veterans as specified in Section 522 (d) of the Public Health Service Act.

4. PATH Coordination with the State Plan

The State Mental Health Plan incorporates the PATH funded services as a part of the state's response to Criterion 1 for a Comprehensive Community-Based Mental Health Service System providing for the establishment and implementation of an organized community based system of care; Criterion 4 for Targeted Services to Homeless Populations with outreach to and services for individuals who are homeless; and Criterion 5 for Management Systems that support training for mental health providers.

a. Criterion 1: Comprehensive Community-Based Mental Health Service System: Non-traditional mental health services specifically designed for the homeless mentally ill, such as intensive case management and assertive community treatment, have been shown to be successful in engaging this group. The backbone of the PATH program is easy access and face to face contact, helping consumers obtain services and resources needed by homeless people with serious mental illness. Case Management provides an assigned and accountable professional or paraprofessional staff person who is known to that consumer and who serves as point of contact and advocate in obtaining services he or she needs within or outside the agency. By providing active treatment with ongoing contact between consumer and staff person, the likelihood decreases for a homeless individual to drop out of service prior to transitioning into mainstream resources. Table 6 data illustrates the reliance upon Case Management as a primary service, with 65% receiving case management in 2005. The number of those enrolled in PATH funded case management has steadily increased from 403 clients in 2001 to 837 clients in 2005.

Utilization Rate of PATH Funded Case Management
(table 6)

PATH Annual Report State Summary	Table A (B4)	Table A (B3)	Table C (g)	
Year	Total Receiving PATH Services	Total Enrolled in a PATH Service	# Enrolled in PATH Case Management Service	Case Management Usage
2001	1776	514	403	78%
2002	1367	733	564	77%
2003	1726	830	322	39%
2004	3043	1355	630	46%
2005	3262	1287	837	65%

b. Criterion 4: Targeted Services to Homeless Populations: As illustrated in Table 6, more homeless individuals have received benefit from PATH services with 1776 persons in 2001 to 3262 persons in 2005. Outreach is the gateway to treatment. As more homeless individuals are identified and engaged, more will link to those mainstream resources that can end their homeless cycle. Local service providers use multiple outreach strategies to identify and engage those consumers who resist intervention and need extended contacts over time to develop trust and acceptance of more traditional social and mental health services. These multiple outreach approaches include mobile outreach to streets, parks, and homeless gathering sites, fixed outreach to shelters, soup kitchens, and indigent health care clinics, and referral and walk-in outreach at the agency.

c. Criterion 5: Management Systems: Using PATH funds to provide Peer Outreach supports the State Mental Health Plan as well as Georgia's overarching philosophy and vision of the mental health system focus on Hope and Recovery for the people who receive service. Hope and Recovery are embraced in the movement toward more consumer directed and operated services. Employing a mental health consumer with homeless experience as a Peer Specialist to provide Peer Outreach has had a positive effect on the engagement process. As someone "who has been there", they are better able to relate in a more experiential and relevant manner. Peer Specialists serve as a role model of "recovery", a living demonstration that it is possible to escape the streets and regain life control. Offering this hope can foster motivation to change. The state has developed a training and certification program for Peer Specialists to assure a qualified consumer workforce. The training curriculum includes two 4-day sessions followed by a written and oral certification testing session. The program addresses issues specific to recovery, self-help, employment, and peer support. A total of 47 consumers successfully completed the Peer Certification Specialist training and certification process during FY 05 with a total CPS workforce of more than 300 since 2002. In 2005, Georgia used a portion of PATH funds to develop a Peer-to-Peer Homeless Outreach training curriculum to teach certified peer specialists to reach out to homeless persons who are also consumers of mental health services. Several focus groups comprised of Peer Specialists working with the homeless population met to provide input in the development of this training curriculum. In February 2006, the first 3-day workshop was held in Macon, Georgia with 36 Peer Specialists representing a multitude of provider agencies participating in this training.

5. Block Grant and State Revenue Funds to Serve the Homeless

Any adult with a behavioral health diagnosis on Axis I or Axis II in accordance with the DSM IV with a significantly effected level of functioning due to mental illness and/or addictive diseases and financially unable to pay for all or part of the needed service and has no third party source of payment is deemed eligible to seek assistance and receive any service available within the public delivery system.

a. Mental Health Block Grant (MHBG) Funds: Federal Mental Health Block Grant funds are used to support services for individuals who are homeless. In 2002, Georgia allocated \$250,000 of the MHBG increase to support ongoing homeless services. In 2004, Georgia allocated the entire MHBG increase of \$219,000 to support additional ongoing homeless services. In 2005, Georgia allocated the entire MHBG increase of \$222,813 to expand crisis stabilization services and expand the development of consumer operated PEER Centers. Both of these resources will also benefit those who are homeless and have a mental illness.

b. Substance Abuse Prevention Block Grant (SAPBG) Funds: In 2003, MHBG funds were matched with SAPBG funds to develop the first consumer-operated PEER Centers for consumers with co-occurring disorders. These services provide structured activities within a peer support model that promotes socialization, recovery, self advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, and assist individuals in living as independently as possible. This service is available to assist and support any homeless person with co-occurring disorders with acquiring skills needed to manage their illness and access community resources.

c. State General Revenue Funds: \$912,000 of State General Revenue Funds are used to purchase mental health services for those experiencing homelessness, including a 2003 enhancement to develop a shelter-based Assertive Community Treatment (ACT) team for homeless individuals with co-occurring mental illness and substance abuse disorders in the Fulton County. Some additional state funds are used to support residential programming for the homeless or formerly homeless. Self-help groups for those with co-occurring disorders, called Double Trouble in Recovery are funded in multiple DMHDDAD regions and provide an excellent social network for homeless consumers with both mental health and substance use disorders. In FY06, DHR-DMHDDAD committed an additional \$500,000 of ongoing state funding to support the Five Year Supportive Housing Plan in Atlanta. These funds will purchase community-based mental health services attached to permanent housing for mental health consumers who are also homeless.

6. State Oversight of PATH-Supported Providers

a. State Office Oversight: DHR establishes minimum accreditation and certification criteria for providers contracting to deliver service. Accreditation is a review process conducted by a nationally recognized and approved accrediting body of a business or organization that is a direct service provider for people who are mentally ill, mentally retarded or substance abusing, focusing on prescribed standards. Certification is a review process conducted by the Evaluation and Certification Section of the DMHDDAD of a business or organization that is a direct service provider, focusing on prescribed standards.

In order to evaluate compliance with the agreements required under this program, the State PATH Contact conducts a minimum of one (1) annual site visit to each PATH funded program and meets with the program administrator, direct care PATH funded staff, and may include clients served. The site visit takes place on the site where the PATH funded services are delivered. Through the conduct of the site visit, The State PATH Contact in partnership with the DMHDDAD Regional Office Services Administrator attempts to accomplish the following objectives:

To provide technical assistance in reporting PATH data in the annual report; To monitor the performance of the agreed upon PATH funded services as stated in the Intended use Plan and Proposed Budget; To evaluate compliance with the agreements required under the program including the Public Health Service Act and Terms and Conditions of the Award; To ascertain strengths of the PATH program; and To determine opportunities for improvement related to the PATH Program and service delivery at the National, State and local levels.

The PATH Site Visit Monitoring Tool developed in 2004 directs a discussion focusing on issues related to personnel and staff development, policies/procedures/QA & I activities, services, fiscal management, cultural competency, consumer involvement, and service processes. A written report summing the site visit with findings and recommendations is submitted to the related DMHDDAD Regional Office and PATH provider.

Beginning in FY 2007, Georgia plans to include service contract performance expectations specific to PATH dollars. These performance expectations will include a minimum number of

clients enrolled in each service, and defined expectations for transitioning these clients into mainstream services including mental health/substance use services, employment, housing, and healthcare services. Providers will report their progress toward meeting these performance expectations to the State PATH Contact on a monthly, quarterly, and YTD basis as a part of contract monitoring.

b. DMHDDAD Regional Oversight: With recent severe budget reductions beginning in FY05, Georgia's service delivery design has faced multiple system changes. One such change is a reduction of regions from seven to five and a reduction of regional staff including the Mental Health Specialists. Those positions remaining in the regional offices focus primarily on provider development and many of the fiscal and monitoring functions have returned to the State Office. Each region has established a comprehensive consumer/community satisfaction process that provides data to inform the region of quality, satisfaction, and service needs. DMHDDAD spearheads the state performance measurement and evaluation system (PERMES), a statewide process to assess service satisfaction through the use of consumer and family surveys. The results of these surveys are provided as feedback to every region

7. State Supported Training for PATH-Funded Staff

Georgia recognizes the importance and value of training. Multiple approaches to provide assistance and programmatic improvements are in place through the use of the DMHDDAD held PATH funds. Training is made available on an individual basis through routine site visits, on a regional basis through local forums, and offered statewide. More and more training opportunities are coming available through technical advancement.

a. Individual PATH Provider Training:

The State PATH Contact is readily available to all PATH funded staff for telephone or email consultation. Information regarding national teleconferences, funding opportunities, and continuum of care information are relayed by listserv to all PATH providers and regional coordinators. Scholarships are made available to PATH funded staff to attend state and national training conferences. In December 2005, two PATH funded staff received scholarships to attend the 4-day SOAR Train-the-Trainer program in Washington DC.

b. Regional PATH Provider Training: Regional meetings are extremely productive in enabling, forming, and sustaining partnerships. In 2005, PATH funds were used to train new Double Trouble in Recovery (DTR) facilitators in Augusta in order to expand this 12 step self-help recovery program for people with co-occurring disorders. This program offers a strategy for providing services to PATH enrolled clients in Augusta. In 2006, DTR groups will be expanded to include Macon, Gainesville, and Brunswick with facilitator training. In 2006, regional trainings will be provided in Savannah and Columbus by the SOAR Trainers to teach front-line staff those strategies that expedite the SSI/SSDI application/determination process for those experiencing homelessness.

c. Statewide PATH Provider Training: The State PATH Contact coordinates one statewide training each year and invites all PATH providers to attend. In 2005, Georgia used PATH funds to develop a Peer-to-Peer Homeless Outreach training curriculum to teach certified peer specialists to reach out to homeless persons who are also consumers of mental health services.

Several focus groups comprised of Peer Specialists working with the homeless population met to provide input in the development of this training curriculum. In February 2006, the first 3-day training was held in Macon, Georgia with 36 Peer Specialists from multiple provider agencies across the state participating in the training.

8. Non-Federal Match Contributions Assurance

Georgia remains committed to serving individuals who have a serious mental illness and are homeless. In February 2005, Georgia participated in a Policy Academy on Homelessness for Families with Children in addition to the Policy Academy on Improving Access to Mainstream Services for People Experiencing Chronic Homelessness in 2002. The Georgia Interagency Homeless Coordination Council oversees the implementation of the State Action Plan to End Chronic Homelessness. In 2005, Georgia was selected as one of 13 states to participate in the national SSI/SSDI Homeless Outreach, Access, and Recovery (SOAR) Technical Assistance Initiative.

In 2005, Georgia submitted six Continuum of Care Plans totaling \$26.8 million in federal homeless projects through local and state Continuum of Care applications and the entitlement Emergency Shelter Grant (ESG) Program. In January 2006, the Regional Commission on Homelessness in partnership with more than 50 agencies, departments, and faith groups, opened the 24/7 Gateway Homeless Service Center in downtown Atlanta. The Regional Commission has received \$17 million in private donations to demonstrate the effectiveness of services when combined with housing. The City of Atlanta created the \$20 million Homeless Opportunity Fund through the issuance of a revenue bond to support the development of additional permanent supportive housing units, assessment centers for women and children, and any other homeless-related service consistent with the 10 year plan to end homelessness.

The State of Georgia agrees to comply with the maintenance of effort by making available state contributions toward homeless services in an amount that is not less than \$1 for each \$3 of Federal PATH funds provided in the FY 2006 allocation, which are available at the beginning of this grant period. The State of Georgia will maintain state expenditures for services specified in Section 521 of the Public Health Service Act at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding this fiscal year.

9. Opportunity for Public Comment

Except for the state administrative fee, all PATH funds are allocated by the DMHDDAD to the regions through the DHR Regional Offices. At regularly scheduled planning meetings, the availability of FY 2006 PATH funds is announced and public comment is invited related to continuing the funding of the PATH projects described in this plan and related to proposed new projects. Regions selected for new PATH funds present this information to the public at the planning meetings with comments to be received two weeks following the meetings.

As of 2004, the PATH Grant Application is posted on the Department of Human Resources website for public viewing and comment regarding the use of PATH funds. This ensures direct communication between stakeholders and the PATH State Contact.

Section C.**2006 LOCAL PROVIDER INTENDED USE PLANS**

**MHDDAD Region 2
Serenity Behavioral Health Systems
3421 Mike Padgett Hwy
Augusta, GA 30906
(706) 432-7923**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Serenity Behavioral Health Systems is a public, nonprofit organization governed by the Community Service Board of East Central Georgia. We are a comprehensive provider of mental health, substance abuse and developmental disability services, accredited by CARF. We provide services under contract with the Division of Mental Health, Addictive Diseases and Developmental Disabilities of the Georgia Department of Human Resources. Our service area covers 7 counties in east central Georgia: Richmond, Columbia, McDuffie, Wilkes, Lincoln, Warren and Taliaferro. We have clinics located in Augusta, Thomson and Washington. Our PATH program operates out of our Augusta location.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

Our PATH program received \$106,500 in PATH funding for FY'06. Funding for FY'07 will remain the same. A detailed program budget is attached.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in FY 2007. Also, indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (living outdoors or in an emergency shelter):

1) Contractor shall identify and have contact with at least **150** individuals who are homeless and mentally ill in PATH funded Outreach services during the contract period.

2) Contractor shall enroll at least **108** individuals who are homeless and mentally ill in PATH funded Case Management services and we shall transition enrollment of at least **97** individuals from PATH funded Case Management services into community mental health services during the contract period.

We project that at least 70% of the unduplicated total will be "literally" homeless (living outdoors or in an emergency shelter.).

b. Primary services to be provided, using PATH funds

- Outreach
- Case Management

c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients:

Augusta Task Force for the Homeless, Salvation Army, Garden City Rescue Mission, Augusta Rescue Mission, Lots Ministry, Mercy Ministry, Hale House, Augusta Urban Ministries, Augusta Housing Authority, Richmond Summit Apartments, Bon Air Apartments, Glenwood

Apartments, Augusta Area Ministries Council, Antioch Ministries, First Baptist Church of Augusta, Beulah Grove Baptist Church Community Center, Caring Together and More, Inc., Catholic Social Services, Church of the Good Shepherd, Serenity Behavioral Health Systems, Behavioral Health Link, Faith Outreach Christian Center, Georgia Legal Services, Golden Harvest Food Bank, Goodwill Industries, GAP Ministries, Interfaith Hospitality Network, Neighborhood Improvement Project, Saint Paul's Church, Saint Vincent DePaul Health Clinic, EDA, St. Stephen's Ministries of Augusta, United Way of the CSRA, Department of Veteran's Affairs Homeless Service Program, Walton Community Service, Department of Family and Children Services, Georgia Regional Hospital, Medical College of Georgia, University Hospital, Augusta Richmond County Government, Georgia Department of Labor.

d. Gaps in the current service system:

- Housing for homeless persons with felonies is very limited.
- Shelters for females (non-domestic violence) are limited.
- Employment opportunities suitable for those with disabilities still have gaps.
- Transportation services still have gaps.

e. Services available for clients who have both a serious mental illness and substance use disorder (strategy for meeting the treatment needs of co-occurring):

Individuals who have both a serious mental illness and substance related disorder are referred to Serenity Behavioral Health Systems for treatment, as we operate an integrated, dual diagnosis- specific treatment program. Both outpatient treatment (ASAM Level 1) and Intensive Outpatient Programs (ASAM Level 2.1) are offered. Veterans are referred to the Veterans Affairs Homeless Program.

In addition, the PATH program sponsors the Double Trouble in Recovery self-help group for those who are dually diagnosed. This group is held at Serenity Behavioral Health. It began in September 2005. It has grown from meeting once each week then to three days per week now.

f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing clients usually provided and the name of the agency that provides such housing):

Those eligible for housing will be linked to the following housing program: EOA Transitional Housing, Bon Air Apartments, Augusta Housing Authority, Richmond Villa Apartments, Richmond Summit, Glenwood Apartments, Villa Marie Apartments, Mount Zion Apartments, Old Towne, Inc., and Trinity Manor.

In addition, the development of the Maxwell House in Augusta is still in progress. Once opened, a certain number of apartments will be devoted to individuals with mental health needs and Serenity will provide ongoing support and case management to those individuals.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

PATH-staff regularly attend monthly meetings of the Augusta Task Force for the Homeless. This meeting allows us to network with other providers of service to the homeless in a formal manner. Member agencies are also the agencies operating as the Continuum of Care program. We, along with other member agencies, serve on the Mayor's Council on Homelessness.

In addition to these ongoing meetings, our PATH team also participated in the city of Augusta's response to Hurricane Katrina. We manned a table each day during the city's interagency one-stop shop for disaster relief. We continue to serve on Augusta's Hurricane Katrina Task Force committee.

We also participate each year in the Department of Veteran's Affairs annual "Stand Down" program for the homeless.

In addition, our Certified Peer Specialist participated in the development of the Homeless Worker Certification curriculum for the state, which was sponsored by the Georgia Peer Support Institute.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. The homeless population in Augusta includes males and females, 61% African American, 39% White, between the ages of 35 and 49, and living in a short term shelter upon first contact. The principle mental illness diagnoses were schizophrenia and affective disorders, with the majority having co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Black African/Am.	# MH Consumers
Serenity BHS	3	1	2	1	2	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. Serenity Behavioral Health Systems promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation in the program design with employed mental health consumers operating as direct care staff.

d. Serenity Behavioral Health Systems promotes cultural diversity and annually offers cultural competence training to all employees.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

It is the mission of this organization to promote self-sufficiency and to reflect the value of involving consumers and family members in order to improve the outcome. The Board of Directors includes

consumers and family members as they help shape program policy and procedures. Serenity Behavioral Health Services employs certified peer specialists who actively participate in program planning and implementation of services. A certified Peer Specialist is a member of the PATH funded Team. This agency places a strong emphasis on consumer satisfaction and seeks ongoing program evaluation of services through the use of a consumer satisfaction survey.

PATH clients recently participated in the planning, implementation, and facilitation of the Double Trouble in Recovery self-help group. PATH clients will continue to be involved in identifying and planning for services.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 3
Community Friendship, Incorporated
85 Renaissance Parkway, NE
Atlanta, GA. 30308
(404) 875-0381**

1. Identify a brief description of the provider by organization receiving PATH funds, including name, type of organization, services provided by the organization and region served.

Community Friendship, Inc. (CFI) is a private non-profit psychiatric rehabilitation program which operates a range of psychiatric rehabilitation programs, including intensive case management, skill teaching services, pre-vocational services, supported employment as well as a broad range of residential options to persons with psychiatric disabilities. This PATH program is being funded for Fulton County, which is the region served by the Metro MHDDAD Regional Office.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

This provider will receive \$120,250 in PATH funds and will use these funds to provide mental health support services to homeless persons. A detailed budget is included with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in FY 2006. Projected percentage of clients to be served with PATH funds that self-report as “literally” homeless:

Projected Service Expectations for 7/01/06 to 6/30/07:

- 1) Contractor shall identify and have contact with at least **675** individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Contractor shall enroll at least **100** individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.

b. Primary services to be provided using PATH funds:

PATH funds will be utilized to provide Outreach and Case-Management through a Homeless Mental Health Team. The Team includes two (2) Case Managers and two (2) part-time Peer Outreach Assistants (mental health consumers) who provide street outreach and also operate out

of Crossroads Community Ministries located in downtown Atlanta that is the centerpiece of the Regional Commission's continuum of care and operated on a 24/7 basis. The Team targets those homeless individuals, whose mental illness has remained untreated. Typically this population has a multitude of complex needs including food, clothing, housing, mental health services, health services, and income to name a few. Some clients are best served through Outreach. This service focuses on establishing a trusting relationship, building rapport, assessing immediate need, providing referral information, and coordinating linkages to resources. Due to the short nature of the Outreach service, some may never become enrolled in Case Management which is considered a more intensive service. For those homeless consumers who require a higher level of intervention intensity, they are enrolled in Case Management which is driven by an Individual Service Plan as developed in partnership between the consumer and the Team. It is the goal of Case Management to successfully transition the client into mainstream services. For some, the enrollment process takes an extended period of time and is considered an important first step as the individual begins the recovery process.

c. Community organizations that provide key services:

The Team works in coordination with other providers of community services as part of the Gateway and the homeless provider network. The case manager of the Team communicates and coordinates as needed with the above agencies to assist PATH consumers in obtaining needed services. For instance, the case manager might assist a consumer in obtaining mental health treatment services from Grady Health System and medical services from St. Joseph's Mercy Care Services while working with the Atlanta Task Force for the Homeless in securing housing.

These various programs include: Fulton County Community Mental Health Centers, Fulton County Alcohol and Drug Treatment Center, Grady Health System, Northside Community Mental Health and Substance Abuse Center, Bright Beginnings (residential), Task Force for the Homeless (advocacy), St. Joseph's Mercy Care Services (healthcare), Crossroads Ministries (shelter), Georgia Mental Health Consumer Network (consumer support), and area shelters, hospitals, and jails.

d. Gaps in current service system:

Gaps in service to PATH eligible clients continue to be a lack of affordable housing, lack of supported housing, lack of available housing for individuals with mental illness who are elderly (geriatric needs), a lack of specialized services for adults aged 18 to 21, limited case management services, poor access to quality medical care/treatment and limited transportation support. Limited affordable housing with support makes it difficult for individuals to maintain successful community integration. Case Management is important and significant to properly assess and link consumers to mental health, medical and community services. Case Management will ensure that the needs of consumers are addressed from a holistic perspective and can provide needed support in making and keeping appointments. Although public transportation is available, many individuals need help in utilizing the system and/or need financial assistance to purchase tokens. Physical health issues for this population are often ignored or go untreated.

e. Strategies for providing services to clients with of co-occurring mental illness and substance use disorders:

Consumers are provided support and encouragement to maintain sobriety and are supported in treatment participation, self-help programs and compliance with mental health service

recommendations. Consumers are referred to dual diagnosis programs such as Bright Beginnings and Fulton County Alcohol and Drug Treatment Center. The Georgia Mental Health Consumer Network provides Double Trouble peer support self-help groups to individuals with co-occurring mental illness and substance abuse. One of these groups is held weekly at this agency.

Five clinicians from Community Friendship participated in a DHR sponsored Integrated Treatment Training Series led by Kathleen Sciacca, a national expert in integrated services. This training includes Motivational Interviewing and Cognitive Behavioral Therapy seminars with on-going practicum and supervision experience. This training continues to enhance CFI's clinical capacity to provide integrated treatment to those with both mental illness and addictive diseases.

f. Strategies for making suitable housing available to PATH clients:

As an aspect of Outreach and Case Management, the Homeless Mental Health Team (HMHT) will have access to the residential services using several hotels as short-term alternatives until more permanent options become available. The HMHT also initiates housing referrals to CFI's own residential programs ranging from supervised group homes to independent apartments.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

The Homeless Mental Health Team coordinates services within a network of regional providers by utilizing their services to stabilize and maintain the physical health, mental health and substance abuse issues of the consumer served. By working closely with these and other agencies, consumers are assisted in reaching their maximum level of successful community living. The Homeless Mental Health Team is located at Crossroads Ministries, a soup kitchen located in downtown Atlanta. The team plays an intricate part of the continuum of care in providing emergency housing and case management services to consumers who are referred by jails, shelters, and area hospitals.

The case manager of the HMHT communicates and coordinates as needed with the above agencies to assist PATH consumers in obtaining needed services. For instance, the case manager might assist a consumer in obtaining mental health treatment services from Grady Health System and medical services from St. Joseph's Mercy Care Services while working with the Atlanta Task Force for the Homeless in securing shelter.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

- a. CFI is located in downtown Atlanta which is the largest city in the most densely populated county in the State. The client population is predominately male, African American, between the ages of 35-49 and literally homeless upon initial contact. The primary diagnoses include schizophrenia and affective disorders, with 44% reporting co-occurring substance use disorders.
- b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Other	# Black African/Am	# MH Consumers
CFI	4	4	0	1	1	2	1- vacant

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. CFI promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

d. Cultural sensitivity is a critical part of the CFI new hire orientation training. All employees receive annual diversity training in order to reiterate the importance of respecting individual differences. DHR includes cultural competence performance standards in all service contracts and requires that provider staff match the population served.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

A Board of Directors requires consumers and family membership to participate in program planning decisions. It is the mission of DHR and this agency to assist Georgians in achieving healthy, independent and sufficient lives. All programming reflect the value of involving consumers and family members in order to improve outcomes. Consumer participation is a vital part of the planning, implementation and evaluation of the quality of service programming. Consumers are encouraged to choose those services that best meet their needs. Consumers are encouraged to maintain contact with family or re-establish lost bonds. Quarterly family education classes are provided to consumers and family members to learn about symptom management and available local resources. Agency wide, approximately 20% of the Community Friendship employees are consumer and the HMHT employs two Peer Specialists who provide consumer-to-consumer outreach.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 3
St. Joseph's Mercy Cares
424 Decatur Street
Atlanta, GA 30312
(404) 880-3606**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, and region served.

Saint Joseph's Mercy Care Services is a private, non-profit agency, which provides primary health care and mental health services to the homeless, working poor, and immigrant populations.

The PATH program is being funded for residents of metro-Atlanta, which is the region, served by the Metro MHDDAD Region 3 Office.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

This agency will receive \$45,750 in PATH funds; see the detailed budget enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in FY 2006

Projected Service Expectations for 7/01/06 to 6/30/07:

- 1) Contractor shall identify and have contact with at least **280** individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Contractor shall enroll at least **60** individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.

b. Primary services to be provided, using PATH funds

The federal PATH funds will be solely used to provide Outreach and Case-Management services to consumers who are homeless and mentally ill. Saint Joseph’s Mercy Care Services will provide client-centered services to help persons who are homeless and mentally ill gain access to local mental health services, housing and medical care.

The PATH-supported Outreach Specialist will seek to engage mentally ill clients in non-traditional settings, such as parks, soup kitchens, and on the streets of Atlanta. The Outreach Specialist shall also screen and refer consumers to the Mental Health Professional / Case Manager for specialized services that include linkage to mental health treatment and housing referrals.

c. Changes in PATH Supported Type of Services

No changes will be implemented this year.

d. Community organizations that provide key services

Outreach services are mobile, in that SJMCS seeks to provide these services in areas that are frequented by the homeless. This system offers PATH funded Outreach to many of Atlanta’s facilities and agencies that serve the homeless population. These facilities include all of Saint Joseph’s Mercy Care Service’s Primary Clinic sites as well as, those sites served by our Mobile Coach. Other sites may include Café 458, St. Vincent De Paul, and Gateway 24/7 to name a few. In addition, SJMCS has collaborative relationships with a number of agencies in the metro area; these relationships will be utilized as necessary to enhance delivery of Path funded services.

A variety of shelters, transitional housing, and permanent housing agencies are utilized to ensure a variety of housing options to best meet the consumer’s needs, including the

Imperial on Peachtree, the Edgewood Atlanta Men's Union Mission, My Sister's Place, Community Friendship, Community Concern, and the Task Force for the Homeless.

e. Gaps in the current service system

The adjustment from homelessness to housing is made more difficult by the lack of affordable housing options in metro Atlanta. Further, there are a limited number of transitional, permanent, and shelter placements. This has been further exacerbated by the arrival of victims from Hurricanes Katrina and Rita. Traditionally, Atlanta's shelters are often filled to capacity.

Another barrier is the length of time it takes to approve an applicant for benefits; this can often delay the client's ability to afford housing. Since each agency has its own protocols and eligibility requirements, the consumer may have to wait for service delivery in an environment of uncertainty and stress. The "gaps" are therefore not just in housing availability, but also in how smoothly the service delivery system can coordinate a consumer's transition to a more stable living situation.

In addition, housing services for the Mentally Ill is most difficult and is a much-needed service. Path funded case management and outreach helps to expand the client's mental health support network. This support may help to make clients more acquiescent to accessing emergency, transitional, and permanent housing in the metro region. However, housing providers need to be educated about mental illness, as a means to remove stigmatization.

f. Strategies for providing services to clients with co-occurring mental illness and substance use disorders

Saint Joseph Mercy Cares has expanded its co-occurring service capacity through participating in clinical training led by a national expert on Motivational Interviewing and Cognitive Behavioral Therapy offered by DHR as a part of the Integrated Treatment Training Series. The Path funded case manager and outreach staff work collaboratively with these trained clinicians to provide the integrated group and individual counseling. In addition, Saint Joseph's Mercy Care Services has written contracts with several substance abuse treatment programs including St. Jude's Recovery Center, Another Chance, Our Common Welfare, Mary Hall Freedom House, Bethel Christian Recovery Services, and HUGS. These contracts provide long-term treatment "beds" for homeless persons with co-occurring disorders. We have a Certified Addiction counselor that facilitates the coordination of care for consumers needing substance abuse services.

To complement these clinic-based services, PATH clients also link to local Double Trouble in Recovery 12-step self-help groups, which are free and readily available at a variety of convenient locations. These two-hour groups create a safe environment for consumers to discuss the issues of mental disorders, medication, medication side effects, psychiatric hospitalizations and experience with the mental health system openly and without shame or stigma.

Lastly, the PATH staff provides co-occurring clients with daily support and assistance to develop wellness plans designed to sustain recovery and reduce mental illness and substance use relapse risk factors. SJMC combines counseling, self-help and ongoing support as the treatment strategy for PATH clients with co-occurring disorders.

g. Strategies for making suitable housing available

PATH clients have access to the many residential programs included within the 24/7 Gateway Homeless Services Center. The PATH-funded Case Manager provides technical

assistance in applying for permanent supported housing for enrolled clients using such resources as the Imperial on Peachtree, the Edgewood, Santa Fe Villas, and Welcome House. The Edgewood is a specialty program available for persons with AIDS, and includes onsite support services. Saint Joseph's Mercy Care Services' employees work with PATH- funded staff to coordinate housing and mental health services. The PATH- funded Outreach Specialist also coordinates with other housing facilities to secure emergency, transitional, and permanent housing for consumers. As recently, as Fall 2005, a private citizen donated \$10,000.00 to assist with rental costs of those clients placed by the Outreach Specialist.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

Saint Joseph's Mercy Care is a participating agency/organization in the Atlanta Tri-Jurisdiction Continuum of Care Planning Process for the City of Atlanta and Fulton County representing the seriously mentally ill and HIV subpopulations. Staff from this agency participated in the metro "point-in-time" census count, which took place in January 2006. Saint Joseph Mercy Care is a sponsor of two Shelter Plus Care awards and participates in the statewide homeless management information system (HMIS) called Pathways Community Network. Those receiving PATH funded service will be entered into the data system. This collaborative effort will enhance collective planning, professional assessment, and referral, and collaboration by providers of all disciplines to develop a plan to deliver a multitude of services that will enable homeless persons to end his or her cycle of homelessness.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. Saint Joseph's Mercy Care Services is located in downtown Atlanta which is the largest and most densely populated area of Georgia. The majority of those served are male, African American, between the ages of 35-49 who are literally homeless upon initial contact. Affective disorder is the most common mental illness, and 52% report co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Black African/Am.
SJMC	2	1	1	1	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. SJMC promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

d. SJMCS includes Diversity Training as an annual training requirement for all staff, making that training available at no cost to the employee.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Consumers and family members serve on the SJMCS Client Advisory Board, as well as, on the Saint Joseph's Mercy Care Services Board of Directors involved in program planning and implementation. Staff training on Principles of Recovery promotes the values of self direction, individualized and person centered planning, empowerment, and consumer responsibility for their own journey of recovery. Path funded staff seeks and solicits the participation of the consumer and available family, when a service plan is developed. The service plans are individualized and client centered. The Metro MHDDAD Regional Office holds community forums to gather information concerning both consumer and provider needs. Participants may include consumers, family members, providers and staff, as well as consumer advocates. In addition, consumers are involved in program evaluations through satisfaction surveys where their input and feedback provide a measure of success. Saint Joseph's Mercy Care employs former consumers and those in recovery to work within the agency and to deliver direct service.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 3
Community Concerns, Inc.
276 Decatur Street
Atlanta, Georgia 30312
(404) 659-3390**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Community Concerns, Inc. is a private, non-profit agency providing supportive housing in Metro Atlanta designed to serve the hard to reach homeless persons with severe mental illness or co-occurring disorders who are on the street and have been unwilling or unable to participate in housing or supportive services. This (15) bed Safe Haven program embraces a holistic philosophy, utilizing dual diagnosis –educational groups, supportive counseling, and the client centered approach while fostering trust and rapport between the client and service provider. This PATH program is funded for Fulton County, which is located in the MHDDAD Region 3.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

The organization will receive \$249,000 in PATH funds, with a detailed budget enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients:

- a. Projected number of clients to be served for FY2007: Projected Service Expectations for 07/01/06 to 06/30/07: Contractor shall enroll approximately **45** individuals who are homeless and mentally ill in PATH funded Support and Supervisory Services in a Residential Setting.

The provider projects that 100% of the unduplicated total will self-report as “literally” homeless.

- b. Primary services to be provided:

All PATH funds will be used to provide Supportive and Supervisory Services in a Residential Setting attached to the fifteen (15) bed Safe Haven Transitional Program. Based upon an Individual Service Plan developed in partnership with the client, this service will provide daily independent life skills training within a safe and supportive environment as residents engage in community based mental health services to transition them into permanent housing and resources. To ensure a safe and nurturing environment for the residents at the Safe Haven, 24-hour supports are provided through PATH funded Supportive and Supervisory Services. A staff member remains present and available at all times of the day and night to provide support and social activity. In addition to this service, other supplemental services will be provided through additional funds and private donations.

In previous years, Community Concerns offered three services, including Outreach, Case Management, and Supportive and Supervisory Services in a Residential Setting. Since Safe Haven residents receive Case Management through community based mental health clinics, the PATH State Contact has advised that the addition of a residential case management service would unnecessarily duplicate service. Therefore Community Concerns **will no longer use PATH funds for Case Management** and will work more collaboratively with the residents’ assigned community-based case managers.

The Safe Haven Transitional House receives admission referrals from Odyssey III Supportive Service Center which is located on the same campus. With such an daily influx of eligible consumers coming through Odyssey III, the PATH State Contact has advised that further Outreach is not necessary to administer this program. Therefore, Community Concerns **will no longer use PATH funds for Outreach** and will work collaboratively with Odyssey Supportive Service Center for admission referrals.

- c. Community organizations that provide key services to PATH eligible clients:

Community Concerns is located in the downtown Atlanta area where the greatest concentration of the homeless population congregates and the majority of homeless services exist. Clients are referred to Community Concerns from other local homeless service agencies such as Crossroads Ministries, Atlanta Union Mission, hospitals, shelters, and jails. Once homelessness is verified and immediate needs are assessed, many consumers are linked to those resources that can provide for their basic needs. Those clients determined as PATH eligible are enrolled in the supportive housing program. By fostering trust and rapport between the client and service providers, the client may slowly show an interest and willingness to want to accept services with the ultimate goal of permanent housing and a commitment to participate in available community based mental health services. Community Friendship offers social outings, supported employment services, and psychosocial rehabilitation. St. Joseph’s Mercy Care Services provides health care. Once a PATH enrolled client has obtained financial resources and requests more independent living, they are then

linked to the Fulton County Resettlement Program for assistance with services related to Permanent Housing. Community Concerns works within a network of homeless services in the metro Atlanta area. These major existing programs include: Fulton County Department of MHDDAD (mental health and addictive disease treatment), Grady Healthcare Systems (physical health/ mental health/ addictive disease treatment), Community Friendship, Inc. (peer support services), St. Joseph's Mercy Care Services (health care services), Crossroads Ministries Shelter, Atlanta Union Mission, area shelters, hospitals, and jails.

d. Gaps in the current service system:

A major service gap in Metro Atlanta is the lack of appropriate and affordable housing designed to address the mental health supports and permanent housing needs of the most chronic and most treatment resistant homeless consumers who are on the street and unwilling or unable to access services. The Odyssey III-Safe Haven can accommodate homeless mentally ill persons coming from shelter as well as those coming directly from the street with absolutely no financial resources. The Safe Haven offers a stable and secure environment for people who have not been adequately served in more traditional homeless shelters or more mainstream housing options. Individualized Service Planning and subsequent service delivery tailored to meet the needs of the mentally ill/ dually diagnosed consumer establish a trusting relationship and insures that staff meet the basic needs of each consumer.

e. Services available to clients who have both a serious mental illness and substance use disorder:

Community Concerns recognizes the importance of addressing both the mental health and substance abuse disorders simultaneously for those with co-occurring disabilities. Co-occurring support groups are available on the Safe Haven property for all PATH enrolled consumers. Both individual and group sessions as provided by PATH funded clinicians. In addition, PATH consumers are encouraged to attend weekly Double Trouble in Recovery (DTR) and Narcotics Anonymous (NA) meetings, which are held at the Safe Haven location. Consumers may attend ongoing 12-step meetings offered each night at nearby sites. As they transition into the public mental health delivery system, long term services for co-occurring disorders are provided by Fulton County Department of MHDDAD, Grady Healthcare Systems, and Fulton County Drug and Alcohol Treatment Center.

The staff of the Safe Haven has participated in several community trainings including the DHR sponsored Integrated Treatment Training led by Kathleen Sciacca, a national expert in integrated services. This training included Motivational Interviewing and Cognitive Behavioral Therapy seminars plus eight months of on-going practicum and supervision. The Director of Counseling (a Licensed Social Worker), facilitates monthly on-site training for all PATH funded staff related to the treatment of mental health and substance abuse issues. This training enhanced the agency's clinical capacity to provide integrated support to those with both mental illness and addictive diseases.

f. Strategies for making suitable housing available to PATH clients:

Community Concerns, Inc. provides supportive housing in Metro Atlanta designed to serve the hard-to-reach homeless persons with severe mental illness or co-occurring disorders that are on the street and unwilling or unable to participate in housing or supportive services. This fifteen (15) bed Safe Haven Transitional Housing program embraces a holistic, client centered philosophy while

fostering trust and rapport between the client and service provider. This is an SRO style apartment unit, equipped with furnishings, and heating/ cooling systems for each unit. Residents may be assigned a roommate, and special accommodations may be made for those with a handicap that limits their mobility. This residence provides 24/7 support and supervision using skilled, and experienced professionals. Some potential consumers may live temporarily at a local residential hotel while completing the Safe Haven application and waiting for an opening. This is done in close collaboration with Community Friendship, Inc. (CFI) who provides the community based support services. The Fulton County Single Point of Entry Service is available to coordinate the referral and follow –up of these services. Once a Community Concerns resident obtains financial resources and demonstrates the ability and willingness to live more independently, the PATH funded Case Manager facilitates a permanent housing referral by linking to the Fulton County Resettlement Program, or other community based agencies utilizing the Single Point of Entry. The PATH funded support staff may work directly with the PATH consumer on family reunification or link with various local housing programs including group homes, supervised apartment programs and total independent living.

4. Describe the participation of PATH local provider in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Community concerns, Inc. is an active participant in the local Atlanta Tri-Jurisdiction Continuum of Care planning process and active with the Homeless Action group (HAG), which is a larger local forum that incorporates multi-jurisdiction membership. Community concerns and its affiliated programs are identified as fundamental components in the Continuum of Care system under the provision of housing and supportive services. As a project sponsor for a HUD C of C award, Community Concerns is linked to a network of 58 homeless provider organizations in the metro Atlanta area through Pathways Community Network. This is the MHIS system implemented within the state of Georgia

Community Concerns, Inc. participated in the Mayor’s commission to end Homelessness. This agency provided strong representation and leadership in the development of an action plan to end homelessness in Atlanta as supported by Mayor Shirley Franklin.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. Community Concerns is located in the downtown Atlanta. The client population gender is male ranging in ages from 34 to 60. Most are African American with a mental illness diagnosis of schizophrenia and co-occurring substance use disorders whose were literally homeless for as long as one year.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# Caucasian	# Black/African American	# Consumers In Recovery
Community Concerns	11	5	6	1	10	1

c. This agency uses staff training, and program evaluation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. Community Concerns promotes cultural diversity and provides cultural competence training to all employees. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background.

d. Community Concerns provides ongoing cultural competency/ cultural diversity training to staff throughout the year.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Consumer participation in the planning, implementation and evaluation of PATH funded services is strongly encouraged at Community Concerns. Consumers sit on the Board of Directors. One former consumer of homeless/ substance abuse support and transitional services is now a support staff member. He provides a consumer's perspective in service delivery. Through weekly Community meetings with staff and consumers, feedback, input and suggestions are routinely sought. The Quality Improvement Committee reviews all consumer grievance issues and suggestions and initiate action plans for improvement. Consumers participate in consumer led group meetings to determine programmatic directions and to establish priorities for change.

All providers contracted by the State are required to participate in Georgia's Performance Measurement and Evaluation System (PERMES). This is a comprehensive consumer – focused outcome evaluation and performance management system that reflects data on consumers in service. In addition, we allowed our MSW intern to conduct an independent program evaluation that utilized client interviews as a means of collecting data. A consumer satisfaction survey provides a measure of satisfaction and suggestions for improvement.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

MHDDAD Region 3

Central Fulton Community Mental Health Center At Grady Health Systems

80 Jessie Hill Jr. Drive

Atlanta, Georgia 30303

(404) 616-6035

1. Identify a brief description of the provider by organization receiving PATH funds, including name, type of organization, services provided by the organization and region served.

Central Fulton Community Mental Health Center at Grady Health Systems is a public, non-profit organization contracted by the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases (DMHDDAD) to deliver comprehensive community mental health and addictive disease services to individuals and families. The professional team of psychiatrists, clinical psychologists, psychiatric nurses, mental health specialists, substance abuse specialists, counselors and specialty consultants provide such services as mental health and substance use interventions including emergency, intensive inpatient/outpatient,

adult and child mental health counseling, medication, day treatment, and specialized outreach services.

This PATH program is funded to primarily serve the city of Atlanta located in Fulton County, which is in the Metro MHDDAD Region.

- 2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.**
This provider will receive \$59,000 in PATH funds, with a detailed budget enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. Projected number of clients to be served in FY 2006:
Projected Service Expectations from 7/01/06 to 6/30/07:
- 1) Contractor shall identify and have contact with at least **276** individuals who are homeless and mentally ill in PATH funded Outreach.
 - 2) Contractor shall enroll at least **50** individuals who are homeless and mentally ill in PATH funded Case Management.
- This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.
- b. Primary Services to be provided, using PATH funds:
Those services the federal PATH funds are primarily used to support will include Outreach and Case-Management. A six-person team (five staff and one resident) will identify those individuals who are homeless and mentally ill through fixed and mobile Outreach efforts and once engaged, will enroll in client-centered case management, which will include comprehensive service linkage and coordination.
- c. Community organizations that provide key services:
A PATH funded social worker, case manager and certified peer specialist will collaborate with other agencies, organizations, and sites using a “front door” and “back door” approach. The team travels to multiple agencies identifying those homeless individuals with mental health and/or substance use needs. Using a fixed outreach approach, they visit local homeless shelters, service centers, jails, hospitals, and known homeless gathering sites on a routine and scheduled basis. Their presence is anticipated and planned both by the agency and the homeless population. The team receives referrals from other agencies, including jails and works closely with local homeless coalitions. The team provides on-site mental health and/or substance use assessments and evaluations. With the majority of needed resources and services remaining outside the PATH service, the team must collaborate with a multitude of organizations and providers in order to access those resource needed to address the complex and extensive needs of those identified as homeless. Those local agencies and organizations that work in collaboration with this PATH funded team include the following:
Atlanta Day Shelter for Women and Children, Peachtree & Pine Shelter, Crossroads Ministries Shelter, Atlanta Union Mission, Jefferson Place Shelter, The ROCK (homeless drop-in center),

Community Concerns (safe haven) Central Fulton Auburn Renaissance Day Treatment Center, Central Fulton Mental Health and Intake for Substance Abuse, Grady Health System's psychiatric emergency, crisis stabilization, and inpatient services, Northside Mental Health Center, Community Friendship, Fulton County Drug and Alcohol Treatment Center, Georgia Regional Hospital at Atlanta, Bright Beginnings Residential Services, Welcome House (shelter + care), O'Hern House, St. Joseph's Mercy Care Health Clinic at Central Presbyterian Church, the Fulton County Jail (conflict and public defender's offices), Atlanta City Jail, Atlanta Community Court, and the National Mental Health Association of Georgia, and the Task Force for the Homeless.

d. Gaps in current service system:

There are several gaps in services for the homeless population in metro Atlanta. Some of these gaps include the screening for mental health and substance abuse issues, case management services available on-site which include counseling and medication management, and the provision of assistance to the eligible homeless individuals in coordinating social and maintenance needs. Central Fulton Mental Health Center at Grady Health System plans to fill some of the service gaps in Fulton County for PATH eligible individuals. The PATH social worker provides mental health and substance abuse screenings at the homeless sites including shelters, jails, streets, and hospitals while providing counseling and support services. The case manager provides service coordination to PATH eligible individuals at the homeless sites in order to meet the financial, transportation, vocational and housing needs.

e. Services available for clients who have both a serious mental illness and substance use disorder:

Through the service delivery and linkage system, PATH eligible individuals are screened for mental health and substance use disorders by a social worker who is cross trained in both disability areas. This ensures the identification of and service planning for co-occurring issues. The case manager refers and links consumers to those programs that combine mental health and substance use services including Bright Beginnings, Auburn Renaissance Center, Fulton CARES Network, Integrated Life Center, and others. Double Trouble in Recovery (DTR) self-help groups meet on-site offering necessary resources and support to recover for those with co-occurring disorders. A Dual-Diagnosis educational group meets weekly and is available to all PATH clients.

Twenty mental health and addictive disease clinicians from Grady Health Systems participated in the DHR sponsored Integrated Treatment Training Series taught by Kathleen Sciacca, a national expert in integrated services. This training includes Motivational Interviewing and Cognitive Behavioral Therapy seminars plus eight months of on-going practicum and supervision. This training enhances the agency's clinical capacity to provide integrated treatment to those with both mental illness and addictive diseases.

f. Strategies for making suitable housing available to PATH clients:

The array of housing options that exist for PATH enrolled clients includes emergency shelter, subsidized group home placement, safe haven, shelter plus care, and permanent supportive housing. This Fulton County PATH provider continues to utilize an array of existing crisis and temporary housing through collaboration with such agencies as Crossroads Ministries Shelter, Peachtree & Pine Shelter, Jefferson Street Shelter, and the Atlanta Union Mission. Grady Health

Systems offers subsidized personal care home placements for those with significant medical issues. Low demand housing is available through Community Concern's PATH funded safe haven. The PATH team accesses shelter plus care programs funded through the local continuum of care including Community Friendship, Welcome House, Integrated Life, and Georgia Rehabilitation Outreach. Long-term residential housing providers available to PATH enrolled clients include Bright Beginnings, Imperial Hotel and O'Hern Housing. The PATH case manager provides technical assistance in coordinating more permanent housing while providing the support services to homeless individuals as they complete the process.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

Grady Health Systems is a participating organization in the Atlanta Tri-Jurisdiction Continuum of Care Planning Process and continues to enter into strategic partnerships that support the state's plan to end homelessness. Staff participated in the 2005 metro "point-in-time" census count. Grady Health Systems has partnered with the Social Security Administration for in-house SSI/SSDI benefits enrollment. Claims are now processed within 3 months and clients are going without benefits for a much shorter period of time.

All Continuum of Care organizations are linked to the state supported Homeless Management Information System called Pathways Community Network. Grady Health Systems can now enter data on those homeless clients served with PATH funds.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. Grady Health System is located in downtown Atlanta in Fulton County which is considered the most densely populated county in all of Georgia. As a culturally diverse area, metro inhabitants speak twenty-seven languages, with even more cultures represented. When compared to the rest of the state, African-American, Hispanic/Latino, and Asian Pacific-island communities are heavily represented. The latter two of these communities have outstripped the rate of growth of other cultural minorities. The demographics of those served in FY05 using PATH funds were both males and females, predominately African American between the ages of 35 and 49, literally homeless upon initial contact with a broad range of mental health diagnoses. The vast majority did report co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# White	# Black	# MH Consumers
CFCMHS	5	2	3	2	3	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that is sensitive to the differences of those they serve. CFCMHC promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family

satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

- d. Cultural diversity training is a routine part of the new hiring orientation training with on-going sensitivity training supported by supervisory monitoring. DHR includes cultural competence performance standards in all service contracts and requires that provider staff match the populations served.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

This agency places a strong emphasis on consumer satisfaction and family involvement in treatment. All those receiving services delivered by Grady Health Systems participate in Georgia's Performance Measurement and Evaluation System (PERMES) by completing a satisfaction survey. Results from the consumer satisfaction surveys are routinely reviewed in order to identify any area of service dissatisfaction, thereby triggering a plan of correction. For those PATH clients not formally linked to Grady Health Systems, the PATH program plans to administer a PATH specific satisfaction survey to enrolled clients. Program staff receives training in consumer and family related issues, including consumer rights, principles of recovery, and peer led services. Staff consults with consumer organizations such as NAMI for assistance in involving family members and assessment of procedures to increase constructive involvement. A consumer is employed part-time as a certified peer specialist to deliver direct service to PATH clients. Their involvement ensures the presence of a consumer perspective during treatment planning.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 3
May South, Inc.
1770 The Exchange, Suite 140
Atlanta, Georgia 30339
(770) 956-8511 ext. 212**

1. Provide a brief description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

May South, Inc. is a private, non-profit organization committed to providing the highest quality community-based behavioral healthcare, educational, and rehabilitative services to individuals with learning, psychological, mental health, and other special healthcare challenges throughout the Southeast. May South is actively affiliated with top universities, hospitals, statewide agencies, and research centers in the Southeast including Emory University, Vanderbilt University, Georgia State University, Hughes Spalding Children's Hospital, the Southeast Pediatric Environmental Health Specialty Unit, and the Georgia Governor's Council on Developmental Disabilities. In January of 2002 and again in 2005, May South received a full three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)

for the *Community Services Coordination* program. This accreditation covers the targeted Case Management (TAPP: Transition and Aftercare for Probationers and Parolees) program, the Home-Based services program, and the School Consultation program. CARF reported that the programs “demonstrate a desire to go well beyond the requirements outlined in its contract in order to ensure that the persons receiving services has the greatest chances of success.” Additionally, CARF commended May South for “providing excellence in serving a defined population” and was given an “Exemplary Conformance” to the standards; a designation not frequently provided to providers.

May South and the Institute also benefit from one of the strongest pools of experts of any organization of its kind, with more than 50 Ph.D. and M.D. level staff and a Professional Advisory Board composed of many of the world’s leading authorities in the field of human services.

This PATH program is funded for six counties including Fulton, DeKalb, Clayton, Gwinnett, Rockdale, and Newton counties served by the Metro MHDDAD Regional Office.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.

This provider will receive \$80,000.00 in PATH funds, with a detailed budget attached.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected numbers of clients to be served for FY 2006:

Projected Service Expectation for 7/01/06 - 6/30/07

- 1) Contractor shall enroll at least **75** individuals who are homeless and mentally ill in PATH funded Case Management.
- 2) Contractor shall transition enrollment of at least **50** individuals from PATH funded Case Management services into community mental health services.
- 3) Contractor shall enroll at least **20** individuals who are homeless and mentally ill in PATH funded Housing Services.

This provider projects that 0% of the unduplicated total will self-report as “literally” homeless since 100% of those served meet definition of “imminent risk of homelessness”.

b. Specific services to be provided:

The federal PATH funds are primarily used to support Case Management and Housing Services. The Case Manager provides unlimited support and monitoring by establishing regular contacts and communication with key players in the consumer’s life; the Case Manager ensures that there is a team to quickly and effectively circumvent any potential risks to the consumer’s progress to the Individual Care Plan (ICP). Moreover, Case Managers work proactively and aggressively with local agencies, advocates, and families to connect consumers with services, and develop alternative service options when formal services are unavailable. The Housing Service meets the permanent housing needs of those enrolled in this program by identifying available permanent housing options, developing relationships and securing providers who are willing to make permanent housing options available, technical

assistance in applying for housing, improving the coordination of housing whenever possible, as well as assisting with security deposits, expenditures associated with housing, and one-time rental payments to prevent evictions. By accessing the broad range of services, Case Managers provide consumers with the opportunity to remain in an environment of the least restriction and invest in their community supports while working towards treatment goals that include: increased functioning, greater autonomy, individual choice, and overall improved quality of life. As each consumer makes strides in their independence, and their Individual Care Plan is measured against his or her own abilities, adjustments to the plan are made accordingly which support individual successes.

c. Community organizations that provide key services:

May South works directly with health-care professionals and other support providers within the community. Maintaining this strong network is vital and facilitates more intensive supports and a better understanding of the local community, available resources, and how the needs of the consumers can be met. May South actively utilizes all available local disability services, to include but not limited to:

Gateway 24/7 Homeless Service Center, local Social Security Offices, The Living Room, Salvation Army, Task Force for the Homeless, Community Housing Resource Center (CHRC), United Way of Georgia, Café 458, Georgia Department of Family and Children's Services, and Community Friendship, Inc..

d. Gaps in the current service system:

The chronic homeless with multiple services needs exceed available community benefits and face a fragmented service delivery system. Local providers are under-funded and unable to provide the needed specialty services of this complex target population resulting from staff shortages and high caseloads. As a result, providers are then faced with existing service demands and the challenges of piecing together a treatment package including interventions and further prevention efforts that are flexible, comprehensive, and affordable to ensure effective service provision without compromise. PATH funding expands case management capacity for those TAPP consumers verified as being homeless.

e. Services available for clients who have both a serious mental illness and substance use disorder:

Statistically, 80% of the TAPP consumers have persistent mental illness and substance abuse disorders. Therefore, all those enrolled in the TAPP program are assessed for both mental health and substance use disorders. Several metro agencies have expanded their co-occurring service capacity through clinical training led by a national expert on Motivational Interviewing and Cognitive Behavioral Therapy offered by DHR as a part of the Integrated Treatment Training Series. The TAPP Case Managers work collaboratively with such locally trained resources such as Grady Health Systems, Northside Mental Health Center, and St. Jude's to provide the integrated group and individual counseling for those consumers with co-occurring disorders.

To complement the clinic-based services, PATH consumers also link to local Double Trouble in Recovery 12-step self-help groups, which are free and readily available at a variety of convenient locations. These two-hour groups create a safe environment for these consumers to discuss the issues of mental disorders, medication, medication side effects, psychiatric

hospitalizations and experiences with the mental health system openly and without shame or stigma.

Lastly, the PATH staff provides co-occurring consumers with daily support and assistance to develop wellness plans designed to sustain recovery and reduce mental illness and substance use relapse risk factors. May South combines counseling, self-help and ongoing support as a treatment strategy for PATH clients with co-occurring disorders.

f. Strategies for making suitable housing available to PATH clients:

May South TAPP Case Managers have established strong relationships with housing service agencies in metro Atlanta. Case managers have a readily available resource list that has proven successful in aiding Case Managers in locating temporary and permanent housing situations for homeless consumers. Housing Services are provided to all enrolled PATH clients. An emergency housing fund is utilized to provide temporary rental assistance for permanent housing. This service addresses costs associated with the planning and coordination of housing while accessing permanent resources including SSI/SSDI, Section 8, or earned wages from employment. This financial assistance may be in the form of security deposits, rental assistance, food, clothing, and transportation. In addition, one-time rental assistance may be provided to avoid eviction of a housed client.

4. Describe participation of PATH local providers and the HUD Continuum of Care Program and any other local planning, coordinating or assessment activities.

May South participates in the Atlanta-Tri-Jurisdiction Collaborative on Homelessness for the city of Atlanta, Dekalb, and Fulton Counties. May South plans to participate within HUD's SuperNOFA application process and compete for future federal funding to acquire permanent housing opportunities for the mentally ill population. In addition, May South actively participates in the Homeless Action Group (HAG) to enhance the community network of providers working toward eradicating the chronic cycle of homelessness.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. 68% of those clients served using PATH funds were African American, both males and females ranging between the ages of 18 and 49, and an imminent risk of becoming homeless upon initial contact. The most common mental illness was Affective Disorder with 57% reporting co-occurring substance use disorders.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider Name	Total PATH Staff	# Female	# Black
May South	2	2	2

c. This agency uses staff training and program evaluation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. May South promotes cultural diversity and provides cultural competence training to all employees. This organization

evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background.

- d. May South provides cultural competence training for all May South professional staff on a yearly basis through a Ph.D. level expert/professor from Georgia State University. This training explores communities with differing cultural heritages, worldviews, and experiences. In addition, this training facilitates the exploration of racial, class, gender, religion, physical ability or disability and how these differences enhance or endanger achievement of community outcomes.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

All consumers participating in PATH services engage in the development of an Individual Care Plan (ICP) that is completely driven by the consumer based on needs, abilities and preferences. Currently May South does not include the hiring of consumers to deliver direct care service. However, this agency is in favor of expanding PATH service with the inclusion of a Peer Specialist in the future. May South is working closely with a representative from DHR regarding the Certified Peer Specialist program to determine the possibility of delivering this service within state guidelines.

Maintaining strict adherence to state and CARF regulatory standards, May South seeks annual input with services and the outcomes the consumers and their families have received on an annual basis. The evidence-based results fosters the evolution of effective programming and meets consumer needs and wants on a local, provider, and state level. Outcomes are shared with consumers, families, stakeholders and internal evaluators to ensure positive, practical results.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 4
River Edge Behavioral Health Center
175 Emery Highway
Macon, Georgia 31217
(478) 751-3563**

1. Identify a brief description of the provider by organization receiving PATH funds, including name, type of organization, service provided by the organization and region served.

River Edge Behavioral Health Center is a Community Service Board (CSB), a public, non-profit organization designed to deliver comprehensive community mental health and substance abuse services through an interdisciplinary treatment team process. River Edge functions as a “safety net” for individuals seeking services in the four county catchment area of Bibb, Jones, Monroe, and Twiggs counties within the Central MHDDAD Region. The PATH Program is funded to serve the city of Macon, which is located in Bibb County. Contact is maintained by the PATH Team for education and referral information to the homeless service providers in the other three counties for referrals to PATH as needed.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate. This provider will receive \$106,970 in PATH funds, with a detailed budget enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in FY 2006:

Projected Service Expectations for 7/01/06 to 6/30/07:

- 1) Contractor shall identify and have contact with at least **350** individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Contractor shall enroll at least **130** individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 80% of the unduplicated total will self-report as “literally” homeless.

b. Primary services to be provided, using PATH funds:

PATH funds will be used to provide Outreach and Case Management services. The PATH Street Team implements aggressive strategies to engage and enroll homeless individuals with severe and persistent mental illness and individuals who are dually diagnosed. The PATH Team’s strength is drawn from the experience and knowledge of its members. The PATH Team’s leader is a License Professional Counselor with seventeen years of mental health experience with fourteen years at River Edge. The Case Manager/ community resource expert has six months of experience in providing social services to individuals at River Edge in the Community Support Services Division and over one year of experience working with correctional inmates explaining educational programs, assisting with evaluation for appropriate housing assignments, and with referral of potential mental health inmates for screenings and assessments. The Certified Peer Case Manager is a survivor of homelessness and dual diagnosis illness. She received services through River Edge and through the Community Support Services Division and is passionate about sharing her story of hope and recovery to others.

As a PATH Team the collective skills of each is powerful in providing federal PATH funded services. Peer Outreach is provided daily to local shelters, food and clothing banks, area kitchens for the homeless, to hospitals, emergency/crisis settings, housing sites, etc. These approaches include fixed, mobile, walk-in, and referral-follow-up outreach. The PATH Team has fixed daily schedules to assist with the feeding of the homeless at area homeless kitchens, the Team goes through the homeless shelters, the local job training initiations sites for the homeless, and area food/clothing banks. In addition a member of the PATH Team participates in the daily River Edge clinical staffing to review all crisis evaluations/assessments; referrals to hospitals; Crisis Stabilization Unit; within the last 24-hours for referrals to PATH.

Case Management services are provided for diagnostic screening/assessment, assessment for needed resources, and linkages/advocacy to area service providers for coordination/support for housing, referrals for primary health care, entitlement benefits, job or employment opportunities/training, and the development of a strength-based Individualized Service Plan for clinical treatment/education to diminish barriers and resistance to main stream services.

c. Community organization that provide key services:

The PATH Team at River Edge is fortunate to have a Social Security eligibility expert and an out-stationed Bibb Co. Dept. of Family/Children Services eligibility staff employed as members of the CSS Division. The linkages for eligible, entitlement services and the application process are simplified with assistance readily available. Due to the PATH Team's active role in the Macon Coalition to End Homelessness, the local area service providers are familiar with the Team's mission and resource needs. The PATH Team advocates and receives assistance for housing, food, and clothing through several faith-based ministries including the Salvation Army, Macon Rescue Mission, Loaves and Fishes, Macon Baptist Ministry, New Christian Ministries, One Step Ministries, Mulberry Outreach, Church of Christ, etc. In addition the PATH Team seeks housing assistance through its collaborative efforts with the Macon Housing Authority, Shelter Plus Care Program, Section 8 and Public Housing. Successful obtainment for housing has also been secured through the Central City AIDS Network for eligible clients. Medical care is often a prevalent need with referrals for obtainment of needed resource made to the Anderson clinic, the local Veteran's Administration Clinic, the HOPE Center (HIV), and the Lions Club for glasses. For individuals with employment needs referrals and coordination for employment are made to Goodwill Job Connections and Dept. of Labor. Once enrollment into River Edge Services is completed, referrals are made to the Supported Employment Program and to Rehab Services who interviews clients weekly at River Edge with the Supported Employment Program.

d. Gaps in current service system:

As a non-metro Atlanta area, the Central MHDDAD Region serves the largest number of homeless individuals in the state. This can be attributed to this region containing a major interstate intersection between North/South (I-75) and East/West (I-16). Many transient individuals exit these interstates and railroads. This places a strain on the ability to provide continued financial support and emergency assistance since there is great difficulty in developing a flow through a continuum of homeless services. Many remain locked in the emergency/shelter phase without a clear plan for transitioning into permanent housing. A local Shelter Plus Care design requires a 30-day waiting period for individuals who apply for permanent housing. During this period, it is expected that compliance with mental health and substance abuse services be demonstrated. PATH Street Team provides direct services to ensure that the client receives recommended clinical and supportive services including access to community resources for identified needs. Transportation is another service, which is lacking, particularly in the more rural areas.

A prevalent need for many individuals is primary health care including dental and vision needs. Many individuals seek these services through area emergency rooms for lack of a better option. Local clinics generally require picture identification with a minimum of three months proof of residency. There is also the barrier of co-payments and purchasing of prescriptions.

e. Strategies for providing services to clients with co-occurring mental illness and substance use disorders

Each client participating in the PATH services receives a comprehensive assessment and a strength-based individualized service plan. All CSS staff and the PATH Team are cross-trained in

treating dual disorders. River Edge Behavioral Health Center is a full service provider and offers integrated treatment for both mental health and substance abuse services through a Dual Diagnosis Education Program for those in the pre-contemplation stage of change and a Psychosocial Rehabilitation Program for those in the action stage to focus on self-management of recovery. In those cases where the consumer has co-occurring issues, they will be concurrently addressed on the ISP and in treatment during and after the PATH Street Team assists with transitional housing into the Shelter Plus Care Program.

Mental health and addictive disease clinicians including members of the PATH Team from River Edge participated in the DHR sponsored Co-Occurring Treatment Training program led by Kathleen Sciacca, a national expert in integrated services. This training included Motivation Interviewing and Cognitive Behavioral Therapy seminars plus eight months of on-going practice and supervision. This training enhanced this agency's clinical capacity to provide integrated treatment to those with both mental illness and addictive diseases. In addition the PATH Team clinicians also participated in the DHR sponsored training, *Preventing Suicide among Adult Consumers of Mental Health and Addictive Disease Services* led by Paul Quinette, Ph.D. and Ben Camp, MS both national experts in this field. The Peer Specialist on the PATH Team participated in Best Practices training sponsored by DHR, which included program description of "Double Trouble" a self-help group for individuals with co-occurring disorders. PATH funds are being used to expand DTR groups in the Macon area, and this will be a new co-occurring resource to be used by the PATH Team.

f. Strategies for making suitable housing available to PATH clients

The Street Team places a high priority on housing. The PATH Team utilizes PATH funding to secure or coordinate housing for PATH clients and provides technical assistance in applying for housing for each enrolled client based on individual need and choice. The Team works in close coordination with the River Edge Behavioral Health Center's Shelter Plus Care and Section 8 programs. The team completes the housing application while providing treatment and support. The PATH Team remains attached to the client while making referrals to the Community Support Team during this period. Once the client is firmly established in housing and linked with mainstream services, the PATH team discharges them.

Ongoing coordination with local shelters is provided for those individuals awaiting supportive housing. Those meeting the homeless eligibility criteria for HUD while remaining compliant with treatment for 30 days are referred to the River Edge Shelter Plus Care Program. Currently River Edge has 106 Shelter Plus Care slots including a free-standing 40-bed apartment complex "Grove Park" built from the ground up from grant monies awarded from Dept. of Community Affairs. As the individual is established in the mainstream mental health delivery system, they may then progress onto other permanent housing options (Section 8) while obtaining employment. Transitional Housing has been utilized in coordination with local service providers including Loaves and Fishes Ministries, One Step Ministries, and Lydia House. Additional Transitional Housing has been obtained through the Central City AIDS Network at the Yellow Ribbon House and The Rainbow Center for individuals meeting eligibility criteria.

During this past year River Edge's Residential Division and Community Support Service Division combined funds to open a permanent supportive housing facility with a bed capacity for

eight PATH clients. The transitional beds have been utilized for enrolled clients in River Edge service and have been accepted into the River Edge Shelter Plus Care but are awaiting placement. This has allowed the PATH Team to move these individuals who are stabilizing in the mainstream system to move out of shelters, etc. and progress into permanent housing. The River Edge's Crisis Group Home is available to those who require more intensive supervision.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

River Edge Behavioral Health Center is an active participating member of the Macon Coalition to End Homelessness. Each year the active members determine which projects will be part of the SuperNOFA application grant in HUD. River Edge is a sponsor of four Shelter Plus Care awards and two grant awards from Dept. of Community Affairs, which had letters of support from members of the Macon Coalition to End Homelessness. River Edge also coordinates housing efforts with several faith-based ministries receiving HUD funds.

River Edge participates in the statewide homeless management information system (HMIS) called Pathways Community Network. The PATH Street Team uses the Pathways Tracking System, which is customized to capture specific data needed by this program. The State plans to provide participating agencies with funding to offset the costs of HMIS implementation. This collaborative effort will enhance collective planning, professional assessment and referral, and collaboration by providers of all disciplines to develop a plan to deliver a multitude of services that will enable homeless persons to end his or her cycle of homelessness.

River Edge functions as the single point of entry into the MHDDAD system of private and public providers. River Edge has crisis coverage 24-hours/day for local emergency departments, crisis line, law enforcement personnel, etc. The community Support Service Division coordinates discharge-planning efforts for individuals at Central State Hospital, Medical Center of Central GA, Anchor Hospital, the Recovery Center, and other local hospitals for continuity of care to enter River Edge Service. Discharge Planning and case management is also provided to individuals in local jails and those returning to the Macon area from Dept. of Correction facilities through the TAPP program. Referrals are made to PATH as appropriate.

The PATH Team receives information from the Georgia Coalition to End Homelessness (GCEH) including the newly established GCEH sponsored Toll Free Number which provides resource information statewide.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. River Edge Behavioral Health Center is located in Macon and is the sixth largest city in the state with a population in 2000 of 97,255. The client populations served in FY05 were 62% male, 67% African American, and 46% between the ages of 35-49. 43% were identified as having a mental illness diagnosis of schizophrenia, and 73% reported having a co-occurring substance use disorder. 73% of those served were literally homeless upon initial contact, and had been homeless for 31 to 90 days.

- b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# Caucasian	# African American	# MH Consumers
RiverEdge	3	2	1	1	2	1

- c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that is sensitive to the differences of those they serve. River Edge promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.
- d. River Edge requires all staff to participate annually in cultural diversity training offered on site. In addition, cultural diversity training is a part of the new hire orientation package.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

River Edge Behavioral Health Center employs consumers of mental health and addictive disease treatment to deliver direct services. River Edge operates a Peer Support Program, which is staffed with Peer Specialist, Project Connect, an addictive disease program for substance abusing or co-occurring illness women who are pregnant or who have lost custody or are in jeopardy of losing custody of their children, utilizes peer staff who have successfully completed Project Connect Services. The Community Support Division has two peer specialists to provide direct services. Many of these peer staff were homeless prior to their recovery. River Edge participates and strongly supports the Division of MHMRDD Certified Peer Specialist training program. River Edge has 5 Certified Peer Specialists.

This agency places a strong emphasis on consumer satisfaction and family involvement in treatment. Individuals and their families, significant others are encouraged to participate throughout the treatment process. Empowerment of the individual is ensured through the development of an individualized service plan with consumer empowerment, involvement by choice and provision of long term support for chronic needs. All those receiving services at River Edge Behavioral Health Center participate in Georgia's Performance Measurement and Evaluation System (PERMES) by completing a satisfaction survey. The Quality Improvement process incorporates suggestions made by consumers and family members.

River Edge participates and sponsors the attendance of consumers in the DHR sponsored GA Consumer Network training twice a year. River Edge provides transportation, housing, and food for consumers who would like to attend.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 4
New Horizons Community Service Board
2100 Comer Avenue
Columbus, GA 31906
(706) 596-5717**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

New Horizons is a community service board (CSB), a public, non-profit organization contracted by the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases (DMHDDAD) to deliver comprehensive community mental health and substance use disorder services through an interdisciplinary treatment team process. New Horizons has a thirty year history of providing community mental health services and in SFY2006 has served over 6,000 persons in an eight county service area located in MHDDAD Region 4. The array of services provided as a CSB includes Screening, Crisis & Outreach, Outpatient, Day & Employment, Residential, and Service Entry and Linkage Services. This PATH program is funded to serve primarily the city of Columbus located in Muscogee County.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate. Use budget format attached.

New Horizons will receive \$106,500 in PATH funds, with a detailed budget including direct and indirect costs enclosed with this application.

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. Projected number of clients to be served in FY 2007

Projected Service Expectations for 7/01/06 to 6/30/07:

- 1) Contractor shall identify and have contact with at least **192** individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Contractor shall enroll at least **180** individuals who are homeless and mentally ill in PATH funded Case Management.
- 3) Contractor shall improve the housing condition for at least **40** individuals whose housing status at first contact was reported as “literally” homeless.

This provider projects that 60% of the unduplicated total will report as “literally” homeless.

b. Primary services to be provided, using PATH funds:

The New Horizons Homeless Team will implement aggressive strategies to engage and enroll homeless individuals with severe and persistent mental illness and individuals with co-occurring (MH/SA) disorders. Those three service specifications that this organization will contract to provide using the federal PATH funds include a Peer Specialist to perform Outreach to identify and engage PATH eligible consumers in shelters and soup kitchens, a Mental Health Professional to perform Case Management to enroll clients in entitlement resources and link to

mainstream services, and a technician case manager to perform Housing Services to assist with immediate housing coordination.

c. Community organizations that provide key services:

New Horizons currently provides an array of outpatient mental health and substance use disorder treatment services, including psychiatric and nursing services, psychosocial rehabilitation, intensive outpatient, ambulatory detoxification, and residential support services. New Horizons regularly links consumers to medical services, employment services and mainstream housing services through case management. New Horizons has many contacts with agencies providing these services.

d. Gaps in current service system:

Few non-traditional mental health services exist for those consumers who resist accessing the traditional service system. New Horizons will utilize the PATH funds to enhance the provision of outreach and case management services that can be accessed through local shelters and soup kitchens. An aggressive Outreach Service will utilize one full-time peer-to-peer specialist with personal homeless experience who will go into shelters and soup kitchens on a regular weekly schedule. People living on the street are more likely to trust someone who can reflect first hand knowledge of the homeless experience. Because of their street smarts, systems knowledge, flexibility, survivors of homelessness are in a unique position to serve individuals who are both homeless and have a mental illness. New Horizons has implemented a Mental Health Court program, diverting non-violent mentally ill persons from jail into treatment. Individuals referred to the Mental Health Court program who are verified as homeless prior to arrest may receive PATH funded services. This will ensure Mental Health Court participants do not immediately return to homelessness from jail.

e. Strategies to provide services to clients with co-occurring mental illness and substance use disorders:

Several clinicians from this organization actively participate in a DHR sponsored Integrated Treatment Training Series and receive on-going training and supervision from Kathleen Sciacca, a national expert, in the use of Motivational Interviewing and Cognitive Behavioral Therapy approaches. As this training initiative continues, it is the intent of this organization to enroll the PATH funded clinician who could then deliver integrated treatment to those enrolled in the PATH funded case management service. In addition, any PATH enrollee may participate in any program provided by New Horizons, including a psychosocial rehabilitation program specifically designed for the dually diagnosed as well as gender-specific programming for women.

PATH consumers also link to local peer led self-help groups. Agape meets in downtown Columbus on a weekly basis and provides support and education to those with co-occurring issues. Double Trouble in Recovery (DTR) meets twice a week using the 12-step approach to discuss mental health and addictive disease issues without shame or stigma.

f. Strategies for making suitable housing available to PATH clients:

Housing Service is a PATH funded activity that employs a Housing Resource Specialist to work collaboratively with the local housing authority, shelter plus care providers (including New Horizons) other local housing programs (i.e., the Ralston, Stewart Community Home, and Open

Door Community Home) Continuum of Care agencies, the Columbus Homeless Resource Network and the Georgia Department of Community Affairs Rental Access Network (which provides an update of available, affordable apartments across Georgia) to identify an appropriate and accessible array of housing options. The Housing Resource Specialist will then match the enrolled PATH client to the appropriate and available housing resource. Funds are allocated to pay security deposits, cover the cost associated with coordinating housing, costs associated with matching eligible homeless individuals with appropriate housing situations, and one-time rent payments to prevent eviction. A “home establishment” fund will be used to purchase essential items, without which the individual would not remain in the home.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

David Wallace is the PATH Project Coordinator and serves as an active member of the local HUD Continuum of Care program. New Horizons currently has four housing grants: two Shelter Plus Care grants and two SHP grants. New Horizons also participates in Pathways HMIS Community Information Network.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. New Horizon’s Community Service Board is located in the city of Columbus, which is the third largest city in the state with a 3.9% population growth in the last ten years. The population demographics of those served in FY05 were predominately African American males (69%) between the ages of 35-49 with co-occurring mental illness and substance use disorders and literally homeless upon initial contact.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# Caucasian	# African American	# MH Consumers
New Horizons	4	3	1	1	3	1

c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner sensitive to the differences of those they serve. New Horizons promotes cultural diversity by providing cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

d. All staff members receive agency based training regarding cultural sensitivity upon hire and annually thereafter. Every employee is required by this agency to attend training on consumer rights and consumer protection issues.

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?**

New Horizons has a Board of Directors that includes consumers of disabilities and family members who are actively involved in the planning and implementation of services. New Horizons participates in Georgia's Performance Measurement and Evaluation System. Guided by a steering committee of consumers, advocates and professionals, satisfaction surveys are administered. A Consumer Satisfaction Survey specifically for PATH recipients is used to gather input on PATH funded services. Input from these surveys are used to improve the planning and implementation of PATH funded services.

New Horizons employs a full-time Peer Specialist who is a mental health consumer with homeless experience to provide Peer Outreach.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

MHDDAD Region 5

Chatham-Savannah Homeless Authority

2301 Bull Street

Savannah, Georgia 31401

(912) 790-3400

- 1. Identify a brief description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization and region served:**

The Chatham-Savannah Authority for the Homeless (Homeless Authority) is a non-profit organization created to provide a central planning and coordinated effort for homeless needs and services. Established by the Georgia State Legislature over a decade ago, the Homeless Authority is designed by the City of Savannah to coordinate all activities called for in the community Continuum of Care. Beginning with the writing of the homeless part of the Housing and Community Development Plan, the Homeless Authority is charged with all aspects of planning, service delivery coordination, and certain other roles such as evaluation and monitoring, advocacy, education, and resource development. This PATH program is being funded for a sixteen county area and served by the Southeast MHDDAD Regional Office. However, the focus of service will be on the behavioral health issues of the homeless within Chatham County since Savannah has one of the largest concentrations of homeless individuals outside of Metro Atlanta.

- 2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate.**

This provider will receive a total of \$173,000 in PATH funds, and will use these funds to expand outreach and assessment of the homeless mentally ill necessary to support an accelerated focus on benefits enrollment. A detailed budget is included with this application.

- 3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. Projected number of clients to be served in FY 2006. Projected percentage of clients to be served with PATH funds who self-report as "literally" homeless:

Projected Service Expectations for 7/01/06 to 6/30/07:

- 1) Contractor shall identify and have contact with at least 425 Individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Contractor shall enroll at least 175 clients in Screening and Diagnostic Treatment.

This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.

b. Primary services to be provided:

Those services the federal PATH funds will primarily support include: Outreach with four full-time peer-to-peer specialists going to shelters and soup kitchens to identify and engage those hard-to-serve clients who would benefit from mental health services and link to the Unified Community Support Team with a primary focus on benefits enrollment in mainstream resources; and Screening and Diagnostic Treatment with a part-time psychiatrist providing assessment, medication management, and treatment planning.

c. Community organizations that provide key services to PATH eligible clients:

Savannah Area Behavioral Health Collaborative, (SABHC), comprised of Union Mission, Memorial Health, Recovery Place, and the Chatham-Savannah Authority for the Homeless, provides services to chronic substance abusers, the mentally ill, and those with co-occurring disorders. This collaborative model produces a Continuum of Care of services that denotes movement from crisis to self-sufficiency. The point of entry can occur at any place in the continuum. The Homeless Authority provides outreach services as a part of the Unified Community Support Team. The team operates as the “gatekeeper” by assessing for service need and intensity and linking individuals throughout the Continuum of Care. Case Managers are stationed in a variety of shelter settings and coordinate services for clients daily and through bi-monthly case conference. The Director of Behavioral Health is also stationed with SABHC and meets regularly with the Community Support Team to ensure continuity of services. Additionally, unsheltered homeless with behavioral health needs congregate regularly at Social Apostolate, and Emmaus House local soup kitchens. Through the Homeless Authority Outreach Manager and local staff, those in need are identified. Finally, the Homeless Authority has an excellent relationship with the Savannah Police Department. The Authority meets monthly with the police department to coordinate services.

d. Gaps in the current service system:

Some of the current and anticipated gaps in mental health service by the PATH funded organizations are crisis stabilization for the mentally ill homeless and short-term respite care. In addition, the provision of medications and funds to purchase psychiatric medications while awaiting approval for indigent medication scholarships is a challenge for the PATH provider. Last year, the community identified gaps in the services listed above as well as gaps of inadequate housing for women and families. Additionally, the PATH outreach team will merge with the Assertive Community Treatment Team to facilitate services and housing.

e. Strategies for providing services to clients with co-occurring mental health illnesses and substance use disorders:

Those PATH enrolled clients with co-occurring issues are referred to Savannah Area Behavioral Health Collaborative (SABHC) which has expanded co-occurring service capacity through clinical training led by a national expert, Kathleen Sciacca, using Motivational Interviewing and

Cognitive Behavioral Therapy approaches. In addition to counseling, SABHC offers a Psychosocial Rehabilitation Program which addressed level of community functioning needs for those with mental health and substance use disorders.

To complement these clinic-based services, PATH consumer also link to local Double Trouble in Recovery (DTR) 12-step self-help groups, which are free and readily available. These two-hour groups provide a safe environment for these consumers to support each other while addressing medication issues without shame or stigma. Chatham-Savannah Homeless Authority combines counseling, rehabilitation, self-help and ongoing support as a treatment strategy for PATH clients with co-occurring disorders.

f. Strategies for making suitable housing available to PATH clients:

The Peer Support Specialist meets routinely with the Community Support Team to determine service and housing needs including available bed openings. In 2005, the Union Mission at J.C. Lewis received a HUD Continuum of Care award for additional permanent supportive housing. There are over 600 beds available in the Homeless Continuum of Care in the Savannah region. Approximately 300 are dedicated to behavioral health needs. Through the Community Support Team meetings and the Peer Specialist referral system, PATH clients gain direct access to these housing resources.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.

The Chatham-Savannah Homeless Authority is a State Legislated organization designated to coordinate all activities in the local Continuum of Care plan. The Homeless Authority is also one of the primary partners in Savannah Area Behavioral Health, the mainstream behavioral health provider. The Homeless Authority administers the PATH funds, and all hired employees are out-stationed at predetermined Continuum of Care organizations, including the Community Support Team with SABHC. All Continuum of Care organizations as of 2004 were linked to a Homeless Management Information System called Pathways. The Outreach Peer Specialists are required to maintain data on clients through Pathways Communication Network, the statewide Homeless Management Information System.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

- a. Chatham-Savannah Homeless Authority is located in Savannah, which is the forth-largest city and the sixth largest county in the state. This population is comprised of both males and females between ages 18-34 (29%), 35-49 (47%), 50-64 (24%). The majority are African American (67%) and White (31%). Those primary mental illness diagnoses were schizophrenia (24%) and affective disorder (25%) and 27% reported co-occurring substance use disorders. Half (48%) of those served were literally homeless and half (52%) were imminent risk of becoming homeless.
- b. DHR includes cultural competence performance standards in all service contracts and requires that provider staff match the population served. Staffing at both facilities represent the racial/ethnic diversity of the clients served as follows:

Provider	Total PATH Staff	# Female	# Male	# White	# Black	# MH Consumers
Savannah	5	1	4	0	5	4

- c. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. The Savannah Homeless Authority promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.
- d. The Homeless Authority and the J.C. Lewis Health Center routinely provide clinical training for case managers and behavioral health staff which includes a mandatory diversity workshop to heighten awareness and increase staff effectiveness.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The Homeless Authority Board of directors is constructed to include local and state government, as well as advocates, providers of service, and homeless or formally homeless consumers. Consumers have been hired to provide peer support services after participating in an extensive training program with the passing of a certification process. Consumers through the Consumer Advisory Board, (CAB), are actively involved as part of the planning and implementation process of homeless services. Additionally, a select group of board members, service providers, consumers, and family members meet directly with direct care staff bi-yearly to evaluate the progress of PATH services. Members of NAMI have been invited to participate with Savannah Area Behavioral Health Collaborative to review services twice yearly. This will include the Community Support Team, and PATH Outreach. Additionally, it is the CAB's role to review consumer satisfaction surveys for services rendered in the Continuum of Care.

2006 LOCAL PROVIDER INTENDED USE PLANS...continued

**MHDDAD Region 5
Albany Advocacy Resource Center
2616 Pointe North
Albany, Georgia 31708
(229) 888-6852**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Albany Advocacy Resource Center (Albany ARC) is a private non-profit offering Treatment & Aftercare for Probationers & Parolees (TAPP) services to former inmates in MHDDAD Region 5 in Georgia. TAPP provides case management services to individuals with a mental illness who are

released from state prisons focusing on successful integration into the community. The counties being served with the PATH funds include Atkinson, Bacon, Brantley, Charlton, Clinch, Coffee, Pierce & Ware.

2. Indicate the amount of PATH funds the organization will receive and provide a detailed budget for its use that includes a justification for direct costs and indirect costs, if appropriate. Use budget format attached.

Albany ARC receives a PATH allocation of \$10,000 and will use these funds to expand the TAPP capacity to include serving those identified as homeless. A detailed budget is enclosed with this application

3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a. The projected number of clients to be served in FY 2006. Also, indicate what percentage of clients served with PATH funds are projected to be “literally” homeless (living outdoors or in an emergency shelter):

Projected Service Expectation from 7/01/06 to 6/30/07:

Contractor shall enroll at least **10** individuals who are homeless and mentally ill in PATH funded Case Management.

This provider projects that 10% (1) of the unduplicated total will self-report as “literally” homeless with the remaining 90% meeting the definition of “imminent risk of becoming homeless”.

b. Primary services to be provided, using PATH funds:

Albany ARC uses PATH funds to provide Case Management Services to support consumers in the TAPP Program. The TAPP Program case manager prepares a plan for the provision of community mental health services to the eligible homeless individual, provides assistance in obtaining and coordinating social and maintenance services including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, medical and housing services needed to reduce the chances of the inmate re-offending.

c. Community organizations that provide key services to PATH eligible clients:

Consumers eligible for the PATH funded TAPP Program at ARC are referred by the prison system based on verified homelessness and having a mental illness or co-occurring disorders. The PATH funded TAPP case manager engages the new referral and participates in the assessment and service planning process while coordinating the needed services that are outside of the PATH funded agency. Albany ARC works closely within a network of mental health agencies and providers of homeless services in the Southeast region of Georgia. The major existing programs that work directly with TAPP services include:

Satilla Community Service Board (comprehensive MH/AD provider of treatment), Volunteers of America (MH residential provider), Ethel Place (AD residential provider), Gateway (co-occurring MH/AD residential provider), St. Illa (AD residential detoxification), Social Security Administration (entitlement benefits), Public Housing Authority (permanent housing).

d. Gaps in the current service system:

The southeast section of Georgia is primarily rural and largely agricultural. Accessing employment, transportation, affordable and decent housing, benefits enrollment, and medical services all pose a distinct challenge. SSA benefits enrollment can take several months. Available housing for those charged with a felony and without resources is almost impossible to find. The “gaps” exist not just in housing availability, but also in how smoothly the service delivery system can coordinate a client’s transition to a more stable living situation. Indigent medical resources are not readily available, and accessing healthcare remains a serious concern in rural regions. The distance between where the consumer lives and where the service is located is great, and sometimes not even in the same town.

The TAPP case manager fills these “gaps” by furnishing transportation, while coordinating access to those few resources that do exist. Housing needs are met through the program’s relationship with the Shelter Plus Care programs operating out of the local Continuum of Care. Healthcare services are accessed by membership through the Georgia Partnership for Caring network program, which provides free indigent medical care using local physicians.

e. Strategies for providing services to clients with co-occurring mental illness and substance use disorders:

All those enrolled in the TAPP Program are assessed for both mental health and substance use disorders. Those with co-occurring treatment needs are referred to Satilla Community Service Board or Gateway Community Service Board. The Satilla CSB provides a comprehensive array of mental health and substance abuse treatment services. This agency has participated in the DHR sponsored Integrated Treatment Training Series, receiving on-going training and supervision from a national consultant, Kathleen Sciacca, on the application of Motivational Interviewing and cognitive Behavioral Therapy. Gateway provides residential services for co-occurring clients. If needed, the Case Manager will provide the transportation necessary to access these services.

f. Strategies for making suitable housing available to PATH clients:

The Case Manager offers an array of housing options to the PATH client. The TAPP Case Manager may place a PATH client in a local hotel while facilitating the application process to the shelter plus care program operated by the Satilla CSB. The case manager also works closely with the local housing authority in applying for section 8 vouchers for TAPP clients. Since all clients receive assistance in entitlement enrollment, the added resource of income allows the PATH client the opportunity to identify many more self reliance housing options such as living with friends or roommates.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The PATH Provider Administrator, Ron Braswell, is an active member of the “balance of state” Continuum of Care, attending the quarterly meetings. In addition, he attends the Regional Georgia Coalition to End Homeless as he participates in the planning to end homelessness in Georgia in ten years. The PATH funded Case Manager works in partnership with the HUD Continuum of Care funded programs, ie. shelter plus care programs, and local homeless shelters and other social service agencies.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

a. The demographics of those served in FY05 with PATH funds were predominately White males between the ages of 35-49 with a serious mental illness and co-occurring substance use disorders who were imminent risk of becoming homeless.

b. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Male	# White
Albany ARC	0.5	1	1

c. ARC strives to provide services to its consumers in such a way as to respect all aspects of their lives regardless of race creed, religion or age. The TAPP case manager meets with the consumer in the consumer's home or other community location. This aids the case manager in making sure services are delivered with respect to the consumer's ethnic background, age and other cultural differences.

d. The DHR Regional Office requires cultural competence in their contracts with providers of service. The Albany ARC Board includes consumers and family members of persons with disabilities and the employees of this agency are reflective of the racial and ethnic diversities within the population served. All staff participates in diversity training as part of the hiring and continuing education process. As a provider contracted by the State, this agency may attend free cultural competence training offered at various times throughout the year.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Consumer participation in the planning, implementation and evaluation of PATH funded services is strongly encouraged at Albany ARC. Consumers and family members sit on the Board of Directors and provide input into policy, strategic planning, and daily operations. Consumer and family participation and involvement in treatment and service planning is a core value of Albany ARC. No consumers are currently hired to provide direct service.

A consumer satisfaction survey provides a measure of satisfaction and suggestions for improvement. All PATH enrolled clients receive a consumer satisfaction survey related to PATH funded services.